289-125-040-231

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

72933

CERTIFICATE OF BIRTH

Registration District No. 177

File No. .....

Primary Registration District No. 2700

Registered No. 147

Full Name of Child Eugene Alexander Shipman

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate	DATE OF BIRTH (Month) (Day) (Year)
Male	3		3	yes	May 25 1899

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Sidney E. Shipman	FULL MAIDEN NAME: Cora Bell Blackedge
RESIDENCE: Burke Idaho	RESIDENCE: Burke Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Oklahoma	BIRTHPLACE: Wisconsin
OCCUPATION: Electrician	OCCUPATION: House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Mrs Cora B. Shipman Mother

~~(Physician or midwife)~~

Given names added from a supplemental report

..... 19....

..... Registrar

Address Burke

Filed Oct 24 1919 H. C. Mowery Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 893707 891702

County of [redacted]

City of Boise

No. 13th St. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 138575

Registration District No. 2 State File No. 138575

Hospital None Primary Registration District No. 1007 Local Registrar's No.

FULL NAME OF CHILD Clifton Hildebrand
(Certificate of no value without full name of child)

Sex of Child Male | Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 7, 1899 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Carl Rheinhart Hildebrand	FULL MAIDEN NAME	Pleasant Porton
RESIDENCE	Boise, Idaho, 13th St.	RESIDENCE	13th St. Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Honeycake Valley, Idaho	BIRTHPLACE	Copland Missouri
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192..

Registrar.

(Signature) Mrs. Pleasant Hildebrand
mother
(Physician or midwife)

Address 134 Main St. Batavia, Illinois

Filed Feb. 15 1926 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

253 206 003 433

County of

City of Pocatello

No. Home St. Registration District No. State File No. 138580

Hospital Home Primary Registration District No. Local Registrar's No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

138580

FULL NAME OF CHILD Margaret Elizabeth Belcher

(Certificate of no value without full name of child)

Sex of Child: girl | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth: Aug. 6th 1899 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Daniel William Belcher	FULL MAIDEN NAME	Elizabeth McCoy
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Waterdown, New York.	BIRTHPLACE	Kingston, Montana.
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Elizabeth Belcher

~~unable to locate~~ mother

(Physician or midwife)

Address Perdue East. Can.

Filed March 15 1926 David Burrell state Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 365 1/2 Col 315 St. Registration District No. ..... State File No. 139284

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 139284

FULL NAME OF CHILD Louie Tong
(Certificate of no value without full name of child)

Sex of Child male | Twin / Triplet / or other? } and { Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Oct. 7, 1899 (Month) (Day) (Year)

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Louie Langsang	FULL MAIDEN NAME	Mary Langsang
RESIDENCE	122 Fifth Street	RESIDENCE	122 Fifth Street
COLOR		COLOR	
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	60
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	Cook & gardener	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Allisalin

(Physician ~~or midwife~~)

Address Boise, Idaho

Filed March 22 1926 David Burnell
State Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED AUG 4 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

142928

County of Kootenai

City of Rathdrum

No. 369 125028 369 St. Registration District No. ..... State File No. 142928

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Clarence Earle Lovity

(Certificate of no value without full name of child)

Sex of Child male | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July 25. 1899 (Month) (Day) (Year)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry Hector Lovity	FULL MAIDEN NAME	Eva E. Carman
RESIDENCE	Rathdrum Idaho	RESIDENCE	Rathdrum, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minnesota
OCCUPATION	Carpenter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Frank Wenz M.D.
Physician
(Physician ~~or midwife~~)

Address Rathdrum Idaho

Filed 8/4 1926 David Burns State Registrar.

515-209
004 819

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 152478

152478

[redacted] Lake
[redacted] Montpelier

No. ..... St. Registration District No. ..... State File No. 152478

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Viola Dell VanVleck
(Certificate of no value without full name of child)

Sex of Child female | [redacted]? -- } and { Number in order of birth -- (To be answered only in event of plural births) | Legitimate? yes | Date of birth March, 9th 1899 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 | Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Thomas VanVleck	FULL MAIDEN NAME: Agnes Hardes
RESIDENCE: near Montpelier, ~~since deceased~~	RESIDENCE: Montpelier
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: England	BIRTHPLACE: London, England
OCCUPATION: Farmer	OCCUPATION: ~~Housewife~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Mrs Agnes Carey
midwife
~~(Physician or midwife)~~

Address Madsen, Alberta

Filed 6/ June 16 - 1927 Jessie W. Lemmon Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 6 1927

County of Latah 317/210 029.239

City of Kendrick

No. — St. —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

156966

Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jessie Katherine Lapp

(Certificate of no value without full name of child)

Sex of Child: Female

Twin / Triplet / or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of birth: Oct 10. 1899 (Month) (Day) (Year)

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	John Herman Lapp	Susan Strahl
RESIDENCE	Kendrick	Kendrick
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	24.
BIRTHPLACE	New York	Iowa.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) John H Lapp
Susan Lapp
(Physician or ~~Midwife~~)

Address Paso Robles Calif

Filed DEC 6 1927 192.... Dan Burns Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
236715 097.255

County of Owyhee

City of DeLamar

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 162464B
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 162464-B

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Samuel Robert Scott
(Certificate of no value without full name of child)

Sex of Child: Male

Twin / Triplet / or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: November 15 1899
(Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Henry Scott	FULL MAIDEN NAME: Theresa Keenan
RESIDENCE: DeLamar, Idaho	RESIDENCE: DeLamar, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ireland	BIRTHPLACE: Canada
OCCUPATION: Livery & stage business	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) J. C. Plumer M. D.

(Physician or [redacted])

Address now at Hailey, Idaho.

Filed June 23 1928 Leon Burnett State Registrar.

212-123035 305

RECEIVED OCT 4 1928

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 803 9th Ave

Hospital Home

CERTIFICATE OF BIRTH

Registration District No. 96 Registration District not established

Primary Registration District No. 1009

File No. 164637

Registered No.

FULL NAME OF CHILD James Tinkham Babb

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 23 1899 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME James E. Babb	FULL MAIDEN NAME Daisy Tinkham
RESIDENCE Lewiston Idaho	RESIDENCE Lewiston Idaho
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Illinois U.S.	BIRTHPLACE Illinois U.S.A.
OCCUPATION Attorney	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) C. W. Shaff M.D. (Physician or midwife)

Address Lewiston Idaho

Filed Sept 29 1928 Susan E. Bruce Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 4 1929

County of Kootenai

City of St. Maries, Idaho

No. St.

963 224 028 713

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 169144

CERTIFICATE OF BIRTH

Registration District No. 2049 State File No. 19

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Helene Rochat

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child female | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth January 24 1929 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 3 (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Paul Rochat	FULL MAIDEN NAME Leah Jacot
Residence (Usual place of abode) St. Maries, Idaho	Residence (Usual place of abode) St. Maries, Ida
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 31 (Years)	Color or race white Age at last Birthday 22 (Years)
Birthplace St. Paul, Minn (City and State or Country)	Birthplace Canton Neuchatel, Switzerland (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9 A. M. on the date above stated.

(Signature) Paul Rochat

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address St. Maries, Idaho

Filed APR 4 1929 C. K. Macey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 24 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

112715

172715

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St. 415 121 028-381

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leo Chandler Danby

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Decbr. 21. 1899. (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Onward E. Danby	FULL MAIDEN NAME Jessie J. Chandler
Residence (Usual place of abode) Rathdrum, Idaho	Residence (Usual place of abode) Rathdrum, Idaho
If nonresident, give place and State —	If nonresident, give place and State —
Color or race white Age at last Birthday 34 (Years)	Color or race white Age at last Birthday 30 (Years)
Birthplace Cvalvalley Ill. (City and State or Country)	Birthplace Reedsburg Wis (City and State or Country)
Occupation Superintendent of schools	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 2.00 A. M. on the date above stated.

(Signature) Frank Weiss
Physician
(Physician ~~or midwife~~)

Address Rathdrum, Idaho

Filed July 24 1929 C H Maury Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

194-113-001-000

PLACE OF BIRTH

County of Ada.

City of Boise

No. ..... Registration District No. ..... State File No. 174434

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 174434

FULL NAME OF CHILD George Lee
(Certificate of no value without full name of child)

Sex of Child: Male | Twin Triplet or other? x | and Number in order of birth — | Legitimate? yes | Date of birth: Aug (Month) 13 (Day) 1899 (Year)
(To be answered only in event of plural births)

What bactericidal solution was used in eyes? ✓

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Lee Jim	FULL MAIDEN NAME	Not Known.
RESIDENCE	Boise Ida	RESIDENCE	Boise Idaho.
COLOR	AGE AT LAST BIRTHDAY not Known (Years)	COLOR	AGE AT LAST BIRTHDAY not Known (Years)
BIRTHPLACE	China	BIRTHPLACE	China.
OCCUPATION	Cook.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collins

(Physician or midwife)

Address Boise

Give names added from a supplemental report.

....., 192...

..... Registrar.

Filed Sept 30 1929 C K Marey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

382-205-028-5-12

REC'D DEC 21 1929

PLACE OF BIRTH

County of Kootenai

City of Tyson

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 176678

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruth Lillian Tyson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? ... and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth March 5 1899 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Sol.

Number of child of this mother, including present birth 3rd (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME John G. Tyson	FULL MAIDEN NAME Mary Jane East
Residence (Usual place of abode) Tyson Idaho	Residence (Usual place of abode) Tyson
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday 34 (Years)	Color or race White Age at last Birthday 19 (Years)
Birthplace Red Bluff Calif. (City and State or County)	Birthplace Des Moines Iowa (City and State or County)
Occupation Miner	Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 8:00 A. M. on the date above stated.

(Signature) Mary Jane Tyson

~~(Physician or midwife)~~ Mother

Address Santa Idaho

Filed Dec 1929 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAY 29 1930

PLACE OF BIRTH

County of Shoshone

City of Wallace Idaho

No. ..... St. 902 Pine 640-592

(If born in hospital or institution give name.)

FULL NAME OF CHILD Jack Wallace Rodner

(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180913

Prim. Registration District No. ..... Local Registrar's No. .....

Sex of Child	Twin ~~Triplet or other~~?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	1	yes	July 10 1899

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

Number of child of this mother, including present birth 4 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Dominic Rodner	FULL MAIDEN NAME Mary Louise Ersch
Residence (Usual place of abode) Wallace Idaho	Residence (Usual place of abode) Wallace Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 57 (Years)	Color or race White Age at last Birthday 35 (Years)
Birthplace Germany (City and State or County)	Birthplace France (City and State or County)
Occupation Merchant	Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 12 30 A M. on the date above stated.

(Signature) Mary L. Rodner

(~~Physician or midwife~~)

Address Wallace Idaho Mother

Filed May 29 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. 632-113-018-168 St.

(If born in hospital or institution give name.)

RECEIVED SEP 8 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18347 1

Registration District No. ..... State File No. 18347 1

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Willie Albert Olson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	January 13 1899

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 5 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Erick Olson	FULL MAIDEN NAME Martha Johnson
Residence (Usual place of abode) Orofino, Idaho	Residence (Usual place of abode) Orofino, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 44 (Years)	Color or race White Age at last Birthday 31 (Years)
Birthplace Forsmark, Sweden (City and State or County)	Birthplace Gunstad, Norway (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Erick Olson
Father
(Physician or midwife)

Address Orofino, Idaho

Filed Sept. 1 19 30 Bessie M. Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Clayton

No. ..... St.

314-105-019-255

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

187676

CERTIFICATE OF BIRTH 187676

Registration District No. 208 State File No. .....

Prim. Registration District No. 2186 Local Registrar's No. 211

FULL NAME OF CHILD Charles Robert Lamfabree

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	July 5th 1899

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 4 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Robt. Lamfabree	FULL MAIDEN NAME	Alice P Keene
Residence (Usual place of abode)	Clayton Ida	Residence (Usual place of abode)	Clayton
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday (Years)	44	Age at last Birthday (Years)	36
Birthplace (City and State or County)	Attica Wis.	Birthplace (City and State or County)	montana
Occupation	Ranchit	Occupation	~~Farmer~~ Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Robt Lamfabree
Father
(~~Physician or midwife~~)

Address Clayton Idaho

Filed Jan 10 1931 Edna McKenney
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Robert Campbell, father of Charles Robert Campbell, being first sworn deposies and says that the whereabouts of the attending physician and nurse, who attended the mother of Charles Robert Campbell, are unknown to this affiant; that at the time of the birth of said Charles Robert Campbell, the laws of the State of Idaho did not require births certificates to be recorded, or made by the attending physician; that the mother's name of said Charles Robert Campbell is Alice P. Campbell; that this affidavit is made for the purpose of establishing the date and place of birth, of said Charles Robert Campbell

FEB 14 1966

Robt Campbell

Subscribed and sworn to before me this 10th day of January, 1931.

Notary Public, residing at Challis, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier Idaho

No. 29 121 004 1265 St.

In home

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

189199

RECEIVED JAN 23 1933

CERTIFICATE OF BIRTH

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

FULL NAME OF CHILD Ralph Charles Spidell

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child Male | Twin / Triplet / or other? | and | Number in order of birth

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

Legitimate? yes

Date of birth June (MONTH) 21 (DAY) 1899 (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum?_____

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead_____ Stillborn_____

FATHER	MOTHER
Full Name Paul Clifford Spidell	Full Maiden Name Irena Mae Sweet
Residence (Usual place of abode) Montpelier Idaho	Residence (Usual place of abode) Montpelier Idaho
If non-resident, give place and State_____	If non-resident, give place and State_____
Color or race White Age at last Birthday 28 (YEARS)	Color or race White Age at last Birthday 23 (YEARS)
Birthplace Sidney Iowa (CITY AND STATE OR COUNTY)	Birthplace Chicago Ill. (CITY AND STATE OR COUNTY)
Occupation Railroad Employee	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { **Born alive** / **Stillborn** } at Midwife Dead M. **on the date above stated.**

(Signature) × Irena Spidell

Mother

(PHYSICIAN OR MIDWIFE)

Address ×_____

Filed Mar 1934

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

145 11 0029 741

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED
JUNE 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 190835

Registration District No. _____ State File No. 190835

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* Albert Carver Ames

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? X

8. Date of birth July 10, 1899 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Albert Ames	18. Full maiden name: Ellen Frances Purnell
10. Residence (usual place of abode) (If non-resident, give place and State): Everett, Wash.	19. Residence (usual place of abode) (If non-resident, give place and state): Everett, Wash.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 63 (years)	21. Age at last birthday: 57 (years)
13. Birthplace (city or place) (State or country): Waukegan, Ill.	22. Birthplace (city or place) (State or country): Allendale, Mo.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: City	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: December, 1901	25. Date (month and year) last engaged in this work: June 8, 1931
17. Total time (years) spent in this work: 5 yrs.	26. Total time (years) spent in this work: 41 yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 11.00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

(Signed) Ellen Ames, Mother, ~~M. D.~~

or _____, Midwife

Address 2411 Walnut St. Everett, Wash.

Filed Jan, 1930

_____ Registrar.

DELAYED

296-112-00-296

193482

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

193483

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Ada
City of Caldwell
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ralph Kingsley Brown

3. Sex Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth Aug 12, 1899 ~~193~~ (MONTH, DAY, YEAR)

FATHER

9. Full name Arthur Norton Brown

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Ida

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Chicago Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dec 1910

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Annie May Brown

19. Residence (usual place of abode) (If non-resident, give place and state) 1125 8th Boise Ida

20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or country) Paradise Valley Nevada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Eight years

25. Date (month and year) last engaged in this work 1898 Aug ~~1897~~

26. Total time (years) spent in this work 8

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 9:45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) [illegible] M. D.
or _____ Midwife
Address 611 Sonna St

Filed Jan, 1931

_____ Registrar.

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

193512

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

193512

1. PLACE OF BIRTH
County of Gooding
City of Bliss
No. 239-129-024-619 St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD David Heston Bliss

3. Sex: Male
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? Yes
8. Date of birth Oct 29, 1899 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Fred G. Bliss	18. Full maiden name: Maud Louise Harden
10. Residence (usual place of abode) (If non-resident, give place and State): Bliss	19. Residence (usual place of abode) (If non-resident, give place and State): Bliss
11. Color or race: White 12. Age at last birthday: 24 (years)	20. Color or race: White 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or country): Mountain Home	22. Birthplace (city or place) (State or country): Pagan Valley Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work: 4 years	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks
29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at 1:00 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.
or Fred G. Bliss, ~~Midwife~~
Address _____

Give name added from a supplemental report _____ (DATE OF)

Filed 9-9-31 1931

_____ Registrar.

_____ Registrar.

STATE OF IDAHO :
: SS
COUNTY OF GOODING:

Fred G. Bliss, being first duly, sworn, deposes and says, I am 56 years of age, residing at Bliss, Gooding County, Idaho. I am the father of David Weston Bliss, and was present at the date of his birth, October, 29th, 1899, at Bliss, Gooding County, Idaho.

This is for the purpose of establishing the date of birth of David Weston Bliss, as no public record made of said birth.

Fred G Bliss

Subscribed and sworn to before me this 9th day of September, 1931, and I hereby certify that this affidavit was read by affiant in my presence before he subscribed his name thereto.

D M Mahon
Notary Public for the State of Idaho, residing at Shoshone State of Idaho.

RECEIVED NOV 20 1931

195938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195938

PLACE OF BIRTH

County of Bingham

City of Moreland

No. 165 St. 208 006-799

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Idanah Jones

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July 8 (Month) 1909 (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Four (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Evan D. Jones	FULL MAIDEN NAME Catherine Griffith
Residence (Usual place of abode) Moreland Idaho	Residence (Usual place of abode) Hamich Moreland Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race ..... Age at last Birthday 39 (Years)	Color or race White Age at last Birthday 26 (Years)
Birthplace Wales (City and State or County)	Birthplace Adamsville Utah (City and State or County)
Occupation Farmer	Occupation School Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at Idanah Jones M. on the date above stated.

Subscribed and Sworn to before me this 16th day of Nov. 1931

(Signature) Idanah Jones

(Physician or midwife)

Address L. M. Sheldon

Notary Public in and for the County of Los Angeles, State of California

Filed ..... Registrar.

My Commission Expires Oct. 20 1933

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The persons listed below are relatives
Who knew of my birth at the time.

Mrs. Margaret England
452 Huber Drive
Hayward, Calif

Mrs. Mae Jones
Beaver Utah.

Mrs. Margaret Griffith
Beaver, Utah.

517-123001-735

RECEIVED JAN 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

196736

CERTIFICATE OF BIRTH

196736

PLACE OF BIRTH

County of Ada

City of Boise

No. 1123 St. Bannock

(If born in hospital or institution give name.)

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD: Harvey Alexander Eagleson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			y	Sept 23 1899

What prophylactic was used to prevent Ophthalmia Neonatorum? y

Number of child of this mother, including present birth 1 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn Elizabeth

FATHER		MOTHER	
FULL NAME	Harry K. Eagleson	FULL MAIDEN NAME	Helen A Alexander
Residence (Usual place of abode)	1123 Bannock	Residence (Usual place of abode)	same
If nonresident, give place and State		If nonresident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday (Years)	32	Age at last Birthday (Years)	29
Birthplace (City and State or Country)	Ohio	Birthplace (City and State or Country)	Iowa
Occupation	See Business	Occupation	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6 P M. on the date above stated.

(Signature) Harry K. Eagleson
Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 1702 Jefferson

Filed 1-2 1932 W. H. Rhodes
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1965
AUG 14 1967

017

BOTH
DELAYED

dup of 1899-315511

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. South Boise St.

245 114 001 276

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

201865

CERTIFICATE OF BIRTH 201865

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jesse Clarance Smethurman

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				yes	June 14 1899

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth two (a) Born alive and now living two

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Walter Gordon Smethurman	FULL MAIDEN NAME Regina Jeannette Moore
Residence (Usual place of abode) South Boise	Residence (Usual place of abode) South Boise
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 23 (Years)	Color or race White Age at last Birthday 17 (Years)
Birthplace Missouri (City and State or County)	Birthplace Missouri (City and State or County)
Occupation Lumberman	Occupation H. W. H.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7 PM M. on the date above stated.

(Signature) Walter G. Smethurman
Father
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho

Filed Jan 1936

Registrar.

204442

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

866131004296

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

204442

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Clayton Brown Hoover.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	December 31 1899

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate Silver I Pc.

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Clayton Agustus Hoover	FULL MAIDEN NAME Bessie Brown
Residence (Usual place of abode) Montpelier, Idaho	Residence (Usual place of abode) Montpelier, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday 46 (Years)	Color or race White Age at last Birthday 26 (Years)
Birthplace Washington, D.C. (City and State or County)	Birthplace Salt Lake City, Utah (City and State or County)
Occupation Physician & Surgeon	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11:00 P M. on the date above stated.

(Signature) C. A. Hoover M.D. deceased
Bessie B. Hoover wife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed June 13 1932 Pearl Dillingham
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Witnesses:

Chas Edwards Address Montpelier, Idaho

Mary R. Harris Address Montpelier Idaho

c.c. 5/29/41. w.h.

819-219-031-391

8-24-1952

PLACE OF BIRTH

County of Lewis (then Nezperce)

City of Nezperce, Idaho

No. ..... St.

Ow Farm

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **205248**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Olive Harbke

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female				yes	Sept.	19	1899

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living five

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	Andrew F. Harbke	FULL MAIDEN NAME	Anna L. Crawford
Residence (Usual place of abode)	Nezperce Ida.	Residence (Usual place of abode)	Nezperce Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday (Years)	63	Age at last Birthday (Years)	60
Birthplace (City and State or County)	Bridgeport Ill.	Birthplace (City and State or County)	Marion County Oregon
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs A. F. Harbke (Mother)

(Physician or midwife)

Address Nezperce Idaho

Filed ..... 19 .....

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-130 to 11-219

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 205920

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH
County of Canyon
City of near Emmett
No._____ St._____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Giles Richard Carpenter

3. Sex Boy | If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____ | 6. Premature_____ Full term_____ | 7. Legitimate? Yes | 8. Date of birth April 30, 1899 (MONTH, DAY, YEAR)

FATHER

9. Full name Frank Giles Carpenter
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett
11. Color or race White 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or country) Cincinnati Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc._____
16. Date (month and year) last engaged in this work _____, 1901 17. Total time (years) spent in this work_____

MOTHER

18. Full maiden name Emmaroy Barrett
19. Residence (usual place of abode) (If non-resident, give place and State) near Emmett
20. Color or race White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Boise Valley Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc._____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc._____
25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work_____

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living Yes (b) Born alive but now dead_____ (c) Stillborn_____

28. If stillborn, period of gestation_____ months or weeks | 29. Cause of stillbirth_____ Before labor_____ During labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6 o'clock (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Giles Carpenter, M. D.
or _____, Midwife
Address Emmett, Idaho

Give name added from a supplemental report_____ (DATE OF)

_____ Registrar.

Filed June, 1936 _____ Registrar.

WRITE PLAINLY WITH INK. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

D

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City or Town Roswell

No. 366-12.014-619 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH 206232

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wade Harrison Lowell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate: Yes

Date of birth: August (Month) 12 (Day) 1899 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth: One (a) Born alive and now living .....

Born alive but now dead: ✓ Stillborn: ✓

FATHER	MOTHER
FULL NAME: James Harrison Lowell	FULL MAIDEN NAME: Florence Evangeline Hard (Lowell)
Residence (Usual place of abode): Roswell, Idaho	Residence (Usual place of abode): Roswell, Idaho
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: white Age at last Birthday: 39 (Years)	Color or race: white Age at last Birthday: 29 (Years)
Birthplace (City and State or County): New Bedford, Massachusetts	Birthplace (City and State or County): Ottawa County, Michigan
Occupation: Irrigation Manager	Occupation: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 2.30 P. M. on the date above stated.

(Signature) J H Lowell, Father

(Physician or midwife)

Address .....

Filed Oct 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

112-229-0 40-693

RECEIVED NOV 7 1932

206751

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallogg

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 206751

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Polly Williams Jasper

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth May 28, 1899 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Martin Jasper	18. Full maiden name: Mary Williams
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Ida	19. Residence (usual place of abode) (If non-resident, give place and state): Kellogg Ida
11. Color or race: White 12. Age at last birthday: 30 (years)	20. Color or race: White 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or country): Denmark	22. Birthplace (city or place) (State or country): Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Concentrator man	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: None
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: None
16. Date (month and year) last engaged in this work: April, 1919	25. Date (month and year) last engaged in this work: _____, 19__
17. Total time (years) spent in this work: 20	26. Total time (years) spent in this work: _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead No (c) Stillborn ✓

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at 1 A. M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

(Signed) G. R. Mason, M. D.

or _____, Midwife

Address _____

Filed Nov, 1932

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED NOV 29 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

207498

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 817 So Harrison St.

168-105-003-319

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ernest Lerenus Johnson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child MALE | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? YES | Date of birth DEC 5 1899 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 10 (a) Born alive and now living YES

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Henry Marinus Johnson	FULL MAIDEN NAME Betsy Larson Johnson
Residence (Usual place of abode) Deceased	Residence (Usual place of abode) 817 So Harrison St.
If non-resident, give place and State	If non-resident, give place and State
Color or race ..... Age at last Birthday ..... (Years)	Color or race White Age at last Birthday 40 (Years)
Birthplace Christiana Norway (City and State or County)	Birthplace Milwaukee Wis (City and State or County)
Occupation	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at 1:20 M. on the date above stated.

(Signature) Betsy Johnson (Mother)

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Over

Address 817 So Harrison Ave Pocatello

Filed Nov. 29 1932

Registrar.

S ta te of Idaho)
County of Bannock) S S

Subscribed and Sworn to before me a notary public by Betsy Larson Johnson, this 25th day of November, 1932.

Paul M. Bryan

Notary Public
Residence, Po atello, Idaho

JUN 1 2 1942

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JAN 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

208255

CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Latah
City of KENDRICK
No. ..... St.
258-103-229-212
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 208255
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD FREDRICK WILLIAM BEYER
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth 3rd July, 1899 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 3
Born alive but now dead 1 Stillborn 0

FATHER		MOTHER	
FULL NAME	CHARLES BEYER	FULL MAIDEN NAME	BERTHA KASTEN
Residence (Usual place of abode)	Germany	Residence (Usual place of abode)	Germany
If non-resident, give place and State	Wyoming USA	If non-resident, give place and State	Pennsylvania USA
Color or race	white	Color or race	white
Age at last birthday	32 (Years)	Age at last birthday	29 (Years)
Birthplace	Germany (City and State or County)	Birthplace	Germany (City and State or County)
Occupation	Farmer	Occupation	Farmer's daughter

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) .....
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Jan 19 33 .....
Registrar.

This is Exhibit "A"
referred to in the Declaration
and affidavit of Frederick
William Beyer sworn before
me and declared this 13th
day of January 1933 at
Hanna Alberta Canada.

Cyril Claughton
A. Notary Public

RECEIVED JUL 26 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

213605

Registration District No. 10 State File No.

Prim. Registration District No. 10 11 Local Registrar's No. 168

1. PLACE OF BIRTH
County of Shoshone
City of Wallace, Idaho
No. Cedar St.
251-213-0 40-842
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Beale

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth February 13th 1899 (MONTH, DAY, YEAR)

FATHER

9. Full name Charles Wesley Beale

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Idaho

11. Color or race White 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or country) Lima Livingston County, New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Practicing Law

16. Date (month and year) last engaged in this work At Present, 19

17. Total time (years) spent in this work none

MOTHER

18. Full maiden name Harriet Leona Hubbell

19. Residence (usual place of abode) (If non-resident, give place and state) Wallace, Idaho

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or country) Altona, Knox County, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home maker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work At Present, 19

26. Total time (years) spent in this work Dis

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at 9:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas. V. Gennaway, M. D.

or _____, Midwife

Address Boise, Idaho.

Filed July 26 1935 C. E. Stone Registrar.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-095-036-433

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 213682

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Vernal Merrill
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	July 9th, 1899

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Ezra Jy Merrill	FULL MAIDEN NAME	Mary McCann
Residence (Usual place of abode)	~~Pocatello~~, Idaho	Residence (Usual place of abode)	Pocatello Idaho
If non-resident, give place and State	Preston	If non-resident, give place and State	Preston
Color or race	American	Color or race	American
Age at last birthday (Years)	~~54~~ 26	Age at last birthday (Years)	~~27~~ 26
Birthplace (City and State or County)	Richmond, Utah	Birthplace (City and State or County)	Smithfield Utah
Occupation		Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3 o'clock P.M. on the date above stated.

(Signature) Ezra J. Merrill
Father
Preston (Physician or midwife)

Address Pocatello Idaho
Gordon Apts.

Filed July 6 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED SEP

1. PLACE OF BIRTH
County Bingham Count, Idaho
City Fort Hall Indian Reservation
Ross Fork
244-106-001-437
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 214342

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Grady Bumgarner

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth April 6, 1899 (Month, Day, Year)

FATHER

9. Full name: Charles M. Bumgarner
10. Residence (usual place of abode) Donnelly (If non-resident, give place and State) Idaho
11. Color or race .....
12. Age at last birthday ..... (years)
13. Birthplace (city or place) Webster (State or country) North Carolina

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work Sept II, 1933
17. Total time (years) spent in this work 60

MOTHER

18. Full maiden name: Emma M. McPherson
19. Residence (usual place of abode) deceased (If non-resident, give place and State) .....
20. Color or race White
21. Age at last birthday when she died 32 (years)
22. Birthplace (city or place) Pleasanton, Ohio (State or country) .....

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead no (c) Stillborn no
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles M Bumgarner Father, M.D.
or ....., Midwife
Address Donnelly, Idaho

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed Jan, 1936. SEPT 1933
Registrar.

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Town of Carey

No. 385-104-002-913 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 219051

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 21

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wilford Cherry
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of birth Dec (Month) 4th (Day), 1899 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Not Known

Number of child of this mother, including present birth 8th (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME James Cherry	FULL MAIDEN NAME Alice Hatford
Residence (Usual place of abode) Town of Carey	Residence (Usual place of abode) Town of Carey
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 38 (Years)	Color or race White Age at last birthday 34 (Years)
Birthplace England (City and State or County)	Birthplace England (City and State or County)
Occupation Carpenter	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs Amayde Draper
Jerome Idaho
Sister (Physician or Midwife)

Address .....

Filed ..... 19 ....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF CALIFORNIA)
(SS
COUNTY OF LOS ANGELES)

MAUDE E. DRAPER being first duly sworn, deposes and says: That she is the sister of Wilford Cherry; that she has read and signed the foregoing certificate of birth, and knows the contents thereof; and that the same is true of her own knowledge except as to the matters which are therein stated upon her information or belief, and as to those matters that she believes it to be true.

Mrs Maude Draper

Subscribed and sworn to before me this 18 day of February, 1934.

Edmund F. Parker

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

715-227-040-212

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

223931

CERTIFICATE OF BIRTH

Registration District No. 70 State File No. _____

Prim. Registration District No. 1011 Local Registrar's No. 274

2. FULL NAME OF CHILD Mary Louise Pannebaker

3. Sex F. | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? X | 8. Date of birth Sept 27, 1899 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Joshua Pannebaker	18. Full maiden name Barbara Basler
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Ida	19. Residence (usual place of abode) (If non-resident, give place and state) Wallace Ida
11. Color or race W. 12. Age at last birthday 40 (years)	20. Color or race W. 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Ontario Canada	22. Birthplace (city or place) (State or country) Switzerland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR ~~STILLBORN~~) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. S. Stone, M. D.

or _____, Midwife

Address Wallace Idaho

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed Aug 2, 1934 John Bower Registrar.

dup of 1899-272320

BOTH DELAYED

817-213.017-296

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

24725

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Clark
City of Spencer
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Catherine Hagenbarth

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth July 13, 1899 (Month, Day, Year)

FATHER

9. Full name: Frank Joseph Hagenbarth

10. Residence (usual place of abode) (If non-resident, give place and State): Spencer Idaho

11. Color or race: White 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or country): Challis, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Sheep grower

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: office & range

16. Date (month and year) last engaged in this work: July 18, 1899

17. Total time (years) spent in this work: 10

MOTHER

18. Full maiden name: May Ellen Browne

19. Residence (usual place of abode) (If non-resident, give place and State): Spencer Idaho

20. Color or race: White 21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or country): Helena Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: July 18, 1899

26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): 2
(a) Born alive and now living: 1 (b) Born alive but now dead: 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank J. Hagenbarth, ~~M.D.~~ Father

or ~~274 E. Alley Road South Pasadena~~, ~~Midwife~~

Address Spencer, Idaho

Give name added from a supplemental report .....
(Date of)

Filed 10-13-34, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. Mrs. Hugh Wood - Spencer, Idaho
2. Mrs. C. Kennedy - P.O. Box 238
North Hollywood
Calif.
3. Mrs Hulanishi - Spencer, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH SEP 25 1934

County of ~~Cassia~~ Cassia

City of Three Creeks

No. ..... St.

864-116-06-339

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

225498

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ralph William Hodge
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male					Feb 16 (Month) (Day), ~~19~~ 1899 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	William Hodge	FULL MAIDEN NAME	Dola Lena Strickland
Residence (Usual place of abode)	Three Creeks	Residence (Usual place of abode)	Three Creeks
If non-resident, give place and State	Idaho	If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last birthday	21 (Years)	Age at last birthday	24 (Years)
Birthplace (City and State or County)	Minnesota	Birthplace (City and State or County)	Linn Co Missouri
Occupation	Farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7 30 a M. on the date above stated.

(Signature) Mrs Dola Hodge
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 144 N. Painter ave Whittier Calif.

Filed 9 25 1934 .....
Registrar.

Mrs. E. W. Johnson Atlanta Idaho
" Dora Crabb Mountain Home "
Mr. Roy Hodge Englewood Calif.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 812 O'Farrell St.
691-111-001967
(If born in hospital or institution give name.)

RECEIVED
NOV 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

225716

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward George Frawley

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth October 11, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Edward Joseph Frawley	18. Full maiden name: Evangeline T. Rogers
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): ~~Pocatello~~ Boise, Idaho
11. Color or race: White 12. Age at last birthday: 29 (years)	20. Color or race: White 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or country): Vermont Township, Dane County, Wisconsin	22. Birthplace (city or place) (State or country): Corinne, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer ~~Continuously in practice for 40 years~~	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper all her life
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes
28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9:00 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edward Joseph Frawley M.D.
or Father
Address Collister, Boise City, Idaho

Give name added from a supplemental report .....
(Date of) ..... 193..
Registrar.

Filed ..... 193..
Registrar.

~~Not possible to obtain signature of the doctor or midwife or nurse who attended the birth.~~

DELAYED

Names of persons who knew of birth of within named Edward George Frawley:

Mrs. George B. Rogers 506 Washington St., Boise, Idaho
Charles F. Koelsch, County Court House, Boise, Idaho.
Charles C. Cavanah, Federal Judge, 1308 Warm Springs Ave. Boise, Idaho.

812

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. St.

A114 162 035-114

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 226579

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Joseph Davies Jameson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	August 2nd, 1899

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Two (a) Born alive and now living Two

Born alive but now dead - - - - - - - - - - Stillborn - - - - - - - - - -

FATHER		MOTHER	
FULL NAME	William Jameson	FULL MAIDEN NAME	Mary Elizabeth Jameson
Residence (Usual place of abode)	~~Died in Walhalla~~ Lewiston, Idaho	Residence (Usual place of abode)	~~Died in Walhalla~~ Lewiston, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)		Age at last birthday (Years)	
Birthplace (City and State or County)	Scotland	Birthplace (City and State or County)	England
Occupation	Farmer (Died 1901) N. D. Walhalla	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

(Signature)

(~~Physician or midwife~~)

Address

Filed Nov 1936

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(over)

STATE OF NEW YORK)
)
COUNTY OF CAYUGA) S. S.
)
CITY OF AUBURN)

I, Joseph D. Jameson, solemnly swear that, to the best of my knowledge and belief, I was born in Lewiston, Idaho, on August 2nd, 1899. My people were moving to Walhalla, North Dakota.

Signed Joseph D. Jameson

Subscribed and sworn to before me
this 14th day of November, 1934.

Notary Public

DELAYED

553-1/19-006-699

228540

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

228540

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Basalt
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Oscar Lorenzo Nelson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? ..... | 8. Date of birth June 14 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Nels Fred Nelson	18. Full maiden name Mary Ann Firth
10. Residence (usual place of abode) (If non-resident, give place and State) Basalt	19. Residence (usual place of abode) (If non-resident, give place and State) Basalt
11. Color or race ..... 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Greve Sweden	22. Birthplace (city or place) (State or country) Ogden Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Nels Fred Nelson, M. D.
or Father, Midwife
Address Firth Idaho

Filed Jan 31, 1935

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Received MAR 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

229954

1. PLACE OF BIRTH
County of Kootenai
City of Sandpoint
No. 395-105-028-757 St.
(If born in hospital or institution give name.) farm.

Registration District No. 30 State File No.
Prim. Registration District No. 1050 Local Registrar's No. 435

2. FULL NAME OF CHILD Pearson Oliver Lindstrom

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? Yes | 8. Date of birth July 5 1899, 193 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Peter Lindstrom	18. Full maiden name Anna Pearson
10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint	19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint
11. Color or race White 12. Age at last birthday 27 (years)	20. Color or race White 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country) Hedesunda Sweden	22. Birthplace (city or place) (State or country) Hedesunda Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work 8 yrs	26. Total time (years) spent in this work 3

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation — months or weeks | 29. Cause of stillbirth — Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (BORN ALIVE OR STILLBORN) at 4 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Anna Lindstrom Mother, ~~M. D.~~
or Mrs Ella Holton, Midwife
Address Sandpoint Idaho
Filed 2-25-35, 1935 E. S. Spohn MD
Registrar.

Give name added from a supplemental report
(DATE OF)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231944

1. PLACE OF BIRTH
County of
City of MARKET LAKE, IDA. ~~(Now, ROBERTS)~~
No. St.
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD CHARLIE OLIVER DAVY

3. Sex MALE

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? YES

8. Date of birth MAY 6, 1899 (Month, Day, Year)

FATHER

9. Full name COUNT OLIVER DAVY.

10. Residence (usual place of abode) (If non-resident, give place and State) MARKET LAKE.

11. Color or race WHITE 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) MANSFIELD OHIO

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TELEGRAPHER.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.L. R.R. CO.

16. Date (month and year) last engaged in this work May 6, 1899

17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name LILLIE ADLEY ANDERSON.

19. Residence (usual place of abode) (If non-resident, give place and State) MARKET LAKE

20. Color or race WHITE 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) MOLINE, ILL.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME.

25. Date (month and year) last engaged in this work May 6, 1899

26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
ONE (a) Born alive and now living ONE (b) Born alive but now dead NONE (c) Stillborn —

29. If stillborn, period of gestation ——— months or weeks ———

30. Cause of stillbirth ——— Before labor ——— During labor ———

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Davy, M. D.
or ....., Midwife
Address

Give name added from a supplemental report Lillie Adley McGhee Mother
~~May 25th 1935.~~ (Date of)

Filed June 3, 1935 Pearl Dillingham State Registrar

Registrar 1159½ 730 New Hampshire St. Los Angeles Cal.

Both
DELAYED

Mr. J. P. Anderson,
5133, Echo St.,
Los Angeles Cal.

Mrs. R. A. Butts,
5133, Echo St.,
Los Angeles, Cal.

Mrs Edith Keane,
208 Joy St.,
Los Angeles Calif.

Dropped from Dec. 9

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

233396

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Elmore Co.
City of Atlanta
No. 766 120 020 851 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Alford Powell

3. Sex M.

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Sept 20, ~~1899~~ 1899 (Month, Day, Year)

FATHER

9. Full name James Alford Powell.

10. Residence (usual place of abode) (If non-resident, give place and State) Atlanta Ga.

11. Color or race ..... | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lottie M. Heaston

19. Residence (usual place of abode) (If non-resident, give place and State) Atlanta Ga.

20. Color or race ..... | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Lottie M. Powell, ~~M.D.~~
or Mother Midwife
Address 1529 Vermont St. Boise
Filed July 1, 1935

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 235778

1. PLACE OF BIRTH
County of
City or Lewiston
No. St.
Private home known at that time as old Bell House
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Theodore Stebbins Spencer

3. Sex male | If plural births: 4. Twin, triplet, or other no; 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth October 9th 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Hugh Spencer	18. Full maiden name Jessie Watt Stebbins
10. Residence (usual place of abode) (If non-resident, give place and State) at that time Lewiston former home Barron, Wisc.	19. Residence (usual place of abode) (If non-resident, give place and State) at that time Lewiston former home Barron, Wisc.
11. Color or race White 12. Age at last birthday 62 (years)	20. Color or race White 21. Age at last birthday 64 (years)
13. Birthplace (city or place) (State or country) Waterloo, Wisc.	22. Birthplace (city or place) (State or country) Coudersport, Penn.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Attorney	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

Present age 1935

Present age 1935

27. What prophylactic was used to prevent Ophthalmia Neonatorum? - -

28. Number of children of this mother (At time of this birth and including this child) none
(a) Born alive and now living - (b) Born alive but now dead - (c) Stillborn - -

29. If stillborn, period of gestation - - months or weeks | 30. Cause of stillbirth - - | Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Name of attending physician was Dr. Shaff. Pratical nurse attended birth who was an old woman at that time and cannot remember her name.

I hereby certify that I attended the birth of this child, who was born alive or stillborn at ... M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Jessie Watt Spencer, ~~M. D.~~
or Mother, ~~Midwife~~
Address 611 N. San Francisco St., Flagstaff, Arizona.
Filed ....., 193....

Registrar.

List of persons who knew of this birth.

William L. Morris
Aitkin, Minn.

Mrs. Oliver Heller
Aitkin, Minn.

Edward Nelson Stebbins,
Barron, Wisc.

257-210-010 389

JAN 1 0 1936 RECEIVED

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 238655

Registration District No. 13 State File No. .....

Prim. Registration District No. 2170 Local Registrar's No. 4

FULL NAME OF CHILD Stena Jane Kearney

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		5	Yes	July 10th 1899

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead one Stillborn .....

FATHER	MOTHER
FULL NAME Timothy J Kearney	FULL MAIDEN NAME Anna Christensen
Residence (Usual place of abode) Shelley Idaho	Residence (Usual place of abode) Shelley Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 48 (Years)	Color or race white Age at last Birthday 34 (Years)
Birthplace County Clare Ireland (City and State or County)	Birthplace Copenhagen Denmark (City and State or County)
Occupation Farmer	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11 July 10-1899 A.M. on the date above stated.

(Signature) Thomas C Willson

(Physician ~~or midwife~~)

Address Idaho Falls Ida

Filed Jan. 14 1936 [illegible] Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-115-022-133

2-29231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 8 1936 RECEIVED

Registration District No. ..... State File No. 239231

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Teton City
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Cecil Lloyd Marler

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth May 15th, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Allen Green Marler	18. Full maiden name: Mahala Allen
10. Residence (usual place of abode) (If non-resident, give place and State): Teton, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State): Teton, Idaho.
11. Color or race: White 12. Age at last birthday: 26 (years)	20. Color or race: White 21. Age at last birthday: 23 (years)
13. Birthplace (city or place): Harrisville, (State or Country) Weber County, Utah.	22. Birthplace (city or place): Lewiston, (State or Country) Cache County, Utah.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Furniture	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: " "
16. Date (month and year) last engaged in this work: Still, 19.... 17. Total time (years) spent in this work: 3 Yrs	25. Date (month and year) last engaged in this work: Still, 19.... 26. Total time (years) spent in this work: 3 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Two
(a) Born alive and now living 2 (b) Born alive but now dead ---- (c) Stillborn ----

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ---- During labor ---- Before labor ----

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was May 15th 1899 at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Allen Green Marler, M.D.
or Mary Sorenson, Midwife
Address .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Feb, 193.. Paul Dillingham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Mary Sorenson,	Midwife.	Teton City, Idaho.
James Siddoway,		" " "
Jacob Johnson,		" " "

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

466 223-04-953

1. PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

(If born in hospital or institution give name.)

JAN 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

239653

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Moody

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Nov. 23, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Claude B. Moody	18. Full maiden name Anna M. Rechenmacher
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida.
11. Color or race W | 12. Age at last birthday 30 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Evansville, Ind.	22. Birthplace (city or place) (State or Country) Germany
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J H Murray, M. D.

or ....., Midwife

Address Nampa Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Jan, 1936

Registrar.

753-113-011-632

(Kootenai)

WOOD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 10 1936 RECEIVED

CERTIFICATE OF BIRTH

240118

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boundary
City of Moravia
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Clarence Peterson

3. Sex Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 8
6. Premature ..... Full term ✓
7. Legitimate? ✓
8. Date of birth Mar. 13, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name B. Nels Peterson.	18. Full maiden name Anna Olson
10. Residence (usual place of abode) Moravia (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Moravia (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 47 (years)	20. Color or race White 21. Age at last birthday 38 (years)
13. Birthplace (city or place) Gavunda (State or country) Sweden	22. Birthplace (city or place) Gavunda (State or country) Sweden
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anna Peterson mother ~~M. D.~~

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 3/11/36, 193.....

Registrar.

Registrar.

Mrs Charles Nelson
Moravia Idaho
Boundary county
Mrs Mary Nelson
Moravia Idaho
Boundary county
Mrs J. P. Dunn
Bonners Ferry Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census 249-207-028-533

(This is as of date of birth for this child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 241509
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home- near Fort Sherman
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Wells Burrows

5. Date of Birth of Child (Month, day, year) 3-7-1899

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Elbert Burrows
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Quincy, Ill. (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie M. Ellis
17. Color or Race White
18. Age at time of THIS birth 46 yrs.
19. Birthplace Savannah, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the foster sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ---- years of age, that I have known this person for ---- years, and that Mrs. Nesbitt (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. Bertha Burrows Signature
Chewelah, Wash. P. O. Address

Subscribed and sworn to before me this 19th day of April, 19 1936

(SEAL) Albert Weiger, Notary Public, residing at Chewelah, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3-1-1936 by E. L. Spahn, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-113 035-692

APR 23 1936 RECEIVED

24883

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241883

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce Co.
City of Peck
No. Idaho
at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Prescott Anderton.

3. Sex male. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth X | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 13, 1899. (Month, Day, Year)

FATHER

9. Full name Elijah Prescott Anderton
10. Residence (usual place of abode) Near Bryman (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 64 (years)
13. Birthplace (city or place) Leeds England (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer later
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grillright
16. Date (month and year) last engaged in this work last occupation Soldier, 1916
17. Total time (years) spent in this work (Died July 18 1928)

MOTHER

18. Full maiden name Frances Lucretia Wishard
19. Residence (usual place of abode) Near Bryman (If non-resident, give place and State) Idaho
20. Color or race white 21. Age at last birthday 54 (years)
22. Birthplace (city or place) Lewiston, Idaho (State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House keeper
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 38

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) one. (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs Frances L. Anderton, Midwife
Address 2697 Trinity St
Filed 4/23/36, 193..... Vancouver B.C. Canada
(Mother)
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Mrs F. E. Mapin
Nampa
R. 1. Idaho

Mr R. B. Wishard
Palouse
L. R. 243 Wash.

Mr Louis Harris.
Orofino
Idaho.

DELAYED

365-204006-389

V S.
15

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

Filed at Fountain, Colo.

STATE OF Idaho [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

243701

County of Bingham

Town of Blackfoot Idaho

City of

Registration District No. 70

File No.

No. St.

JUL 15 1936 RECEIVED

Registered No. 203

FULL NAME OF CHILD Jennie Merle Love

Sex of Child	Twin Triplet or Other?	and	Number in Order of Birth	Legitimate	Date of Birth (Month) (Day) (Year)
F				Yes	March 4 1899

FATHER		MOTHER	
FULL NAME	Robert Emery Love	FULL MAIDEN NAME	Annie Christian
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Warren Co. Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

No. of Child of this Mother 3

No. of Children of this Mother Now Living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on March 4, 1899, at 11:55 P.M.

*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

(Signature) Mrs Annie Love

Mother

(Physician or Midwife)

Given name added from a supplemental report

, 19

Registrar.

Address Fountain Colo

Filed July 1, 1936 A. M. Sayers Registrar.

BRADFORD-ROBINSON, DENVER

AFFIDAVIT

STATE OF Colorado
COUNTY OF El Paso } ss.

I, Annie Love, do solemnly swear that I am the mother of Jennie Merle Love, the child mentioned in the annexed Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

Annie Cassidy Love

Subscribed and sworn to before me this 1st day of July, 1936

Albert M. Sayers

(SEAL)

Notary Public for State of Colorado

Residing at Ordway Colo.

My Commission expires My Commission expires December 12, 1936

STATE OF
COUNTY OF } ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above-named affiant and we have read the statements contained in the annexed Certificate of Birth and that said statements are true to our best knowledge and belief.

(Signature)

Type or Print Name

(SEAL)

(Signature)

Type or Print Name

Subscribed and sworn to before me this day of , 19

Notary Public for State of

Residing at

My Commission expires

THE BRADFORD-ROBINSON PTG. CO., DENVER

231-205-042-968

JUL 28 1936

244578

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 244578

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Twin Falls has bin Cassia

City of Clear Lake

No. ..... St.

mining camp

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Helen Kathrina Blass

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Aug. 5, 1899 (Month, Day, Year)

FATHER

9. Full name John H. Blass

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Marston (State or Country) Wise.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mining

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Freda Rohrman

19. Residence (usual place of abode) (If non-resident, give place and State) Böhmen

20. Color or race white | 21. Age at last birthday 25 (years) 25

22. Birthplace (city or place) Asch (State or Country) Austria

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aug. 5th 1899 at p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. F. Blass, ~~M.D.~~

or John H Blass ~~Father~~

Address Filer Idaho

Give name added from a supplemental report .....

July 25 (Date of) 1936
Registrar.

Filed July 28, 1936
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DECEASED

296-120-040-214

24 V 39

AUG 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245539

1. PLACE OF BIRTH
County of Shoshone
City of Pine Creek near
No. Kellogg St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Theodore Philipp Brown

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term X	7. Legitimate? yes	8. Date of birth Nov 20, 1899 (Month, Day, Year)
male							

FATHER	MOTHER
9. Full name Theodore Brown	18. Full maiden name Ella Margaretha Bauman
10. Residence (usual place of abode) (If non-resident, give place and State) deceased	19. Residence (usual place of abode) (If non-resident, give place and State) Berkeley Cal.
11. Color or race white 12. Age at last birthday 34 (years)	20. Color or race white 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Bakersfield California	22. Birthplace (city or place) (State or country) Virginia City Nevada
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Mining	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work Aug 18, 1936	26. Total time (years) spent in this work 38

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11:55 AM m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Ella M. Brown Mother Midwife
Address 2342 Jefferson Berkeley Calif.
Filed Aug 20, 1936
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mr and Mrs Phil Bauman Kingston Idaho.
Robert Bauman Kingston Idaho.
Mr and Mrs H. M. Ross
114 East 55 street Seattle Wash.

619-208-008-219

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245833

1. PLACE OF BIRTH
County of Boise
City of Placerville
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 12 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Josephine Fairchild

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Aug 8, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Perry J Fairchild	18. Full maiden name: Mary Ann Barton
10. Residence (usual place of abode) Placerville (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Placerville (If non-resident, give place and State) Idaho
11. Color or race ..... 12. Age at last birthday ..... (years)	20. Color or race ..... 21. Age at last birthday ..... (years)
13. Birthplace (city or place) Rose (State or country) Iowa	22. Birthplace (city or place) Mt Pleasant (State or country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) C. E. Fairchild, M. D.
or ....., Midwife
Address Centerville Idaho
Filed 9/1, 1936 Mrs E S Robson Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Mrs E S Robson (Date of) Registrar.

445-129 004-557

NOV 18 1936

UK 8621

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248621

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Bloomington
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Don Nelson Dunford 1899

3. Sex M | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 29, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Albert Bailey	18. Full maiden name Mary Nelson
10. Residence (usual place of abode) (If non-resident, give place and State) Bloomington	19. Residence (usual place of abode) (If non-resident, give place and State) Bloomington Ida.
11. Color or race Am. 12. Age at last birthday 46 (years)	20. Color or race Am. 21. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or country) St Louis Mo	22. Birthplace (city or place) (State or country) Hyde Park - Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work all	26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Mary N. Dunford, M. D.
or Mother ~~Midwife~~

Address Logan - Utah

Give name added from a supplemental report .....
(Date of)

Filed Nov 18, 1936

..... Registrar.

..... Registrar.

James L. Dumford
Paris, Idaho

Mary Parley Dumford
Logan, Utah

Bert Jarvis
Bloomington
Idaho

414931014643

248651

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248651

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Porter Madden

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth 12-31, 1899 (Month, Day, Year)

FATHER

9. Full name Merritt Kelly Madden

10. Residence (usual place of abode) Caldwell (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 76 (years)

13. Birthplace (city or place) Caldwell (State or country) Idaho.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestock Shipper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sewer Const. Co.

16. Date (month and year) last engaged in this work Dec - 1935, 19.....

17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Emma Etta Fuller

19. Residence (usual place of abode) Caldwell (If non-resident, give place and State) Idaho

20. Color or race White 21. Age at last birthday 67 (years)

22. Birthplace (city or place) Eskasco (State or country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Clerk.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Golden Rule store.

25. Date (month and year) last engaged in this work present time 1936

26. Total time (years) spent in this work 14 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none one

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 11 P. m. on the date above stated.

(Signed) ....., M. D.

or M. K. Madden, Midwife

Address Caldwell Idaho

Filed Dec 1, 1936

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mina B Whiffen
Caldwell Ida.

Ellen M. Cook, - nurse
Caldwell.

Charlotte M. Stourman, sister
Caldwell Ida.

261-202-040-215

249709

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249709

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Murray
No. ..... St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Leora Swails

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth January 25 1899 (Month, Day, Year)

FATHER

9. Full name: Ethelbert Swails. Murray Idaho

10. Residence (usual place of abode) ~~4545 N.E. Garfield Ave~~ (If non-resident, give place and State) Portland Ore.

11. Color or race: White 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or country): Sigourney Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter Contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Deceased March 1936

16. Date (month and year) last engaged in this work: March 1936, 19.....

17. Total time (years) spent in this work: 41

MOTHER

18. Full maiden name: Mary Ann Kane Murray

19. Residence (usual place of abode) ~~4545 N.E. Garfield Ave~~ (If non-resident, give place and State) Portland Ore.

20. Color or race: White 21. Age at last birthday 66 (years)

22. Birthplace (city or place) (State or country): Pittston Pa. Pennsylvania

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: House wife

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: 41

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.
or Mrs. Mary Ann Swails mother, Midwife
Address 4545 N.E. Garfield ave. Portland Oregon

Filed 12/21/36, 193.....

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

I am giving the names of four people and old timers

Mrs Rose Aulbach
Mrs Ida Hinkle
Mrs Charles Dunn
Mrs Oscar Lavergne.
All of Murray Idaho.

Mrs Robison Midwife - deceased. as I learned 5 years ago.

266-231006-693

24 9734

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 249734

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. ..... St. Route #1
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Veda Ellenor Bowker

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 31, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Squires Bowker	18. Full maiden name Rosella Mae Wilson
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot	19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot
11. Color or race White 12. Age at last birthday 22 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) American Fork (State or country) Utah	22. Birthplace (city or place) Ogden (State or country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was delivered (Born Alive or Stillborn) at 11 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [illegible], M. D.

or ....., Midwife

Address Nampa Idaho

Give name added from a supplemental report .....
(Date of)

..... Registrar.

Filed January 9, 1937

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Eliza E. Wilson
Blackfoot, Idaho
Route # 2

Mr. J. L. Wilson
Blackfoot, Idaho
Route # 2

Mrs. A. C. Jensen
Mackey, Idaho

365-226-072-155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

REC'D JAN 4 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250456

1. PLACE OF BIRTH
County of Lincoln
~~City of~~ Hagerman Town
No. ..... St.
State - Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jennie Mae Condit

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth January 26, 1899 ~~193~~ (Month, Day, Year)

FATHER	MOTHER
9. Full name James Ervin Condit Birth Dec. 5-1870	18. Full maiden name Jennie Melvina Dennis Birth June 18-1872
10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman Ida.
11. Color or race white 12. Age at last birthday ~~46~~ 29 (years)	20. Color or race white 21. Age at last birthday ~~44~~ 27 (years)
13. Birthplace (city or place) (State or country) Little Sioux Iowa Harrison Co,	22. Birthplace (city or place) (State or country) Knoxville Iowa Marion Co,
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher 3 yrs.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeper after marriage
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work life	25. Date (month and year) last engaged in teaching Spring of 1892, ~~19~~ 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three (a) Born alive and now living yes (b) Born alive ~~but now dead~~ ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

~~(Signed)~~ Mother, ~~M. D.~~
and - Mrs. Thompson, Midwife
~~Address~~ Jessie M. Dennis Condit - deceased - Mother

Give name ~~added from a supplemental report~~ Mother
(Date of)
..... Registrar.

Filed 1/4/37, 193..... Registrar.

NOV 16 1960

Mr. P. R. Lanchester - Bliss Ida.

Mrs. Willa Justice - Hagerman Ida.

Mr. Ford Condit - Hagerman Ida.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. PLACE OF BIRTH

County of Idaho

City of Warren

No. 319-127.025-312 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

W 2457

CERTIFICATE OF BIRTH

APR 2 93

Registration District No. ..... State File No. 252457

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Louis Olef Larson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1st

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 27, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Brit Erick Larson (Father)	18. Full maiden name Anna Carolina Cash
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Home Valley, Wash.
11. Color or race White 12. Age at last birthday 34 (years)	20. Color or race White 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Malung (State or Country) Dalarna, Sweden	22. Birthplace (city or place) Orsa (State or Country) Dalarna, Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work November, 1901	25. Date (month and year) last engaged in this work March, 1937
17. Total time (years) spent in this work 6	26. Total time (years) spent in this work 39

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother None (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Brit Erick Larson
(Date of)

Filed ....., 193...

Registrar.

APR 2 1937

Registrar.

Reputed to know of this birth

Mr. George Patterson adres Wanner Idaho Co.
Mr. Bill Patterson " " " "
Mrs. Kelly " " " " "

State of Idaho

The parties above mentioned was neighbors at Wanner Idaho at the time of my sons birth

By. Britt Erick Larson Parent
adres, P.O. Box 188. Carson, Wash.

281 214 014 793

#2 254493

MAY 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 254493

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD HELEN SHAWHAN

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Aug. 14, ~~198~~ 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Benjamin Plummer Shawhan	18. Full maiden name: Eva Orilla Pickering
10. Residence (usual place of abode) (If non-resident, give place and State): Payette Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Payette Idaho
11. Color or race: White 12. Age at last birthday: 37 (years)	20. Color or race: White 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country): Sigourney Iowa	22. Birthplace (city or place) (State or country): Knightstown Indiana
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Pres. Payette Valley Irrigation & Water Power Company.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~I attended the birth of~~ this child, ~~who~~ was born alive (Born Alive or Stillborn) m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Benj. Plummer Shawhan, Father, ~~M. D.~~

or ....., ~~Midwife~~

Address Payette, Idaho

Give name added from a supplemental report .....
(Date of)

Filed May 26, 1937 Pearl Dillingham
State Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. I.W. Hart	1421 Garfield, Boise, Idaho
Mrs. John Casberg	Payette, Idaho
Mrs. Henry Sommercamp	R#1, Elsinore, California

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

200461

JUL 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255461

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. 868-123-040-815 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bruce Clay Holmes

3. Sex M. | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1 | 6. Premature ✓ Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 23, 1899 (Month, Day, Year)

FATHER

9. Full name Frank Rudolf Holmes
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner
11. Color or race White | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Cario Illinois
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead Smelting
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Edith Lyle Hansbro
19. Residence (usual place of abode) (If non-resident, give place and State) Wardner
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Palmyra Missouri
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn ✓
29. If stillborn, period of gestation ✓ months or weeks
30. Cause of Stillbirth ✓ During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) T. R. Mason, M. D.
or ....., Midwife
Address Kellogg, Ida.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... ..... Registrar.

962-104 06.997

W6466

RECEIVED

AUG 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256466

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Oakley Idaho
No. ..... St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Hermell Rose

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term full

7. Legitimate? Yes

8. Date of birth Dec 4, 1899 (Month, Day, Year)

FATHER

9. Full name Hilburn F Rose

10. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Idaho

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Grassville Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work all year, 1937

17. Total time (years) spent in this work 40

MOTHER

18. Full maiden name Elizabeth Rigby

19. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Ida.

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Centerville Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work all year, 1937

26. Total time (years) spent in this work 30 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
6
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.
or ..... Midwife

Subscribed and sworn to before me this 12 day of Aug 1937

Address .....

Filed ....., 193...

Pearl Willingham
Registrar.

Give name added from a supplemental report Hilburn Rose
(Date of)
Glenns Ferry Ida
Registrar.

AUG 12 1937

Hilbuin R Rose	Glenns Ferry	Idaho
Lucentia Rabbone	Boise	"
Elvira Paulton	Oakley	"
Romena Crabb	Boise	"

855 203 083 25

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Original Filed in Bannock County

City of Soda Springs

No. ..... St. OCT 4 - 1937

CERTIFICATE OF BIRTH

Registration District No. 82 State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. 2159 Local Registrar's No. 39

2. FULL NAME OF CHILD Stella Henderson

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other: One 5. Number, in order of birth:	X		1/3/99, 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William A. Henderson	18. Full maiden name: Melnora Stevenson
10. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs,	19. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs
11. Color or race: X 12. Age at last birthday: 39 (years)	20. Color or race: White 21. Age at last birthday: 51 (years)
13. Birthplace (city or place) (State or Country): Utah	22. Birthplace (city or place) (State or Country): Utah
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Transferman	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 19....	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth – During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Ellis Hackley, M. D.

or ....., Midwife

Address Soda Springs, Idaho

Filed Aug 15, 1937 Dr Russell Zigut Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

OCT 4 1899

239353

No. St. SSI 201035966

Registration District No. 1009 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 196 Local Registrar's No.

2. FULL NAME OF CHILD Mildred Lenora Evans

3. Sex F

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 1, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Edward Evans	18. Full maiden name Frankie Lucretia Rowan
10. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce Co.	19. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce Co.
11. Color or race W	20. Color or race W
12. Age at last birthday 29 (years)	21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Minnesota	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Oct, 1899	25. Date (month and year) last engaged in this work Oct, 1899
17. Total time (years) spent in this work 10 yrs.	26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 11:30 at p. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.

or Mrs. Alice Dixon, Midwife

Address Nez Perce Co., Idaho

Filed Sept. 21, 1937 M. H. Carey

Registrar.

AUG 3 1964

A F F I D A V I T

STATE OF IDAHO,
County of Nez Perce } ss.

Mrs. Frankie Evans and Mrs. Alice Dixon, respectively the mother and grand-mother of Mildred Lenora Evans, whose certificate of birth is hereunto annexed and made a part hereof, being severally sworn upon oath depose and say: that they and each of them have read said certificate of birth and well know the facts therein stated and each has personal knowledge of the statements of fact relative to the birth of said Mildred Lenora Evans appearing thereon, and that the facts thereon appearing are true and correct.

Mrs. Frankie Evans
Mrs. Alice Dixon

Subscribed and sworn to before me this 21st day of September, 1937.

John L. Phillips
Notary Public for the State of Idaho
Residing at Lewiston, Idaho.

315 118 024 249

RECEIVED OCT 26 1937

25 9568

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 259568

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Gooding, Idaho
City of near Town of Bliss
No. born on Lanchester St.
ranch.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Horace Preston Lanchester

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Feb. 18, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Preston Robert Lanchester	18. Full maiden name: Auretta Burkhard
10. Residence (usual place of abode) (If non-resident, give place and State): Bliss, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Bliss, Idaho
11. Color or race: White 12. Age at last birthday: ~~87~~ (years)	20. Color or race: White 21. Age at last birthday: 88 (years)
13. Birthplace (city or place) (State or Country): Canada	22. Birthplace (city or place): Jefferson City (State or Country): Cole County, Mo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: "
16. Date (month and year) last engaged in this work: Today, 19 ..... 17. Total time (years) spent in this work: Life	25. Date (month and year) last engaged in this work: Today, 19 ..... 26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None that I know of

28. Number of children of this mother: Two children (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead – (c) Stillborn 1

29. If stillborn, period of gestation: 10 Months (months or weeks)

30. Cause of Stillbirth: Dont know — Before labor ..... During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Auretta Burkhard Lanchester, ~~M.D.~~

or Mother, ~~Midwife~~

Address Bliss, Idaho

Give name added from a supplemental report .....

(Date of) ..... Registrar.

Filed OCT 26 1937, 193 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Gooding. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Auretta Lanchester being first duly sworn says that she is the mother (Relationship of child)* of Horace Preston Lanchester born February 18th, 1899 (Date of birth) at Near Bliss, now Gooding County, Idaho, whose certificate of birth is hereto attached, and that Horace Preston Lanchester desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Horace Preston Lanchester hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Mrs. Crandall, now deceased, Midwife ~~M. D.~~ was the medical attendant at the birth of said Horace Preston Lanchester and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Auretta Lanchester
P. O. Address Bliss, Gooding County, Idaho.

Subscribed and sworn to before me this 21st day of October, 19 37

P. T. Ritphen
Notary Public.
Residing at Gooding, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A-391-220-006-666

26 2581

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham (now Bonneville)
City of Grays
No. Fred Crane Ranch st.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 29 1938

CERTIFICATE OF BIRTH

262581

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lillian May Crane

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 12/20, ~~193~~ 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Walling Crane	18. Full maiden name Harriet May Wood
10. Residence (usual place of abode) (If non-resident, give place and State) Grays	19. Residence (usual place of abode) (If non-resident, give place and State) Grays
11. Color or race White 12. Age at last birthday 22 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Bristol, England	22. Birthplace (city or place) (State or Country) Utah - U. S. A.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work now, 1899	25. Date (month and year) last engaged in this work, 1897
17. Total time (years) spent in this work 3	26. Total time (years) spent in this work One

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.... Pearl Dreyfuss
State Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Alameda } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harriet May Crane-Deardorff being first duly sworn says that She is the Mother of Lillian May Crane
(Relationship of child)*

born December 20 - 1899 at Grays, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lillian May Crane hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Harriet Moore ~~M. D. was the~~ Midwife medical attendant at the birth of said Lillian May Crane and that the said medical attendant is now deceased to the best of my knowledge
(Now deceased ~~(or) cannot be located)~~

Name of Affiant Harriet May Crane-Deardorff
P. O. Address 363 Orange St. Oakland Calif.

Subscribed and sworn to before me this 30th day of December, 1937.

Lewis R. O'Tallman
Notary Public.

My commission expires June 30 1940

Residing at Oakland, Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

235 710001-231

78 445

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263495

FEB 17 1938

1. PLACE OF BIRTH
County of Ada
City of Boise Idaho
No. 1209 No. 8th St St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William C Stevenson

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term YES | 7. Legitimate? YES | 8. Date of birth Aug. 10, 1899 (Month, Day, Year)

FATHER

9. Full name Charles Clifford Stevenson
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race White | 12. Age at last birthday 45 (years)
13. Birthplace (city or place) (State or Country) Dayton, Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Martha Bell Black
19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
20. Color or race White | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Covington, Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Martha Bell Stevenson mother
or ..... Midwife
Address 1209 8th St. Boise Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed FEB 17 1938, 193.....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Martha Bell Stevenson being first duly sworn says that she is the Mother of William C. Stevenson
(Relationship of child)*

born August 10, 1899 (Date of birth) at Boise, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William C. Stevenson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that L. C. Bowers M. D. was the ~~Midwife~~ medical attendant at the birth of said William C. Stevenson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Martha Bell Stevenson
P. O. Address 1209 No. 8th Street

Subscribed and sworn to before me this 17th day of February, 1938

Ruth Hyde
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

48-214 030-318

263518

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 25 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 263518

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. 17 Miles S.E. of St. Salmon
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD VIVA IRENE WAYANT

3. Sex: Female

If plural births: 4. Twin, triplet, or other XX; 5. Number, in order of birth X

6. Premature X; Full term Yes

7. Legitimate Yes

8. Date of birth Apr. 14, 1899 193..... (Month, Day, Year)

FATHER

9. Full name: Charles Henry Wayant

10. Residence (usual place of abode) Salmon (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Salmon (State or country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Maggie Violet Taylor

19. Residence (usual place of abode) Salmon (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Geneva (State or country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn X

29. If stillborn, period of gestation XX months or weeks

30. Cause of stillbirth XX — Before labor XX; During labor XX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11.30 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs A. Capron Midwife (Now dec'd), ~~M. D.~~

or Charles Henry Wayant, ~~M.D.~~ Father

Address 4335 36th San Diego, Calif.

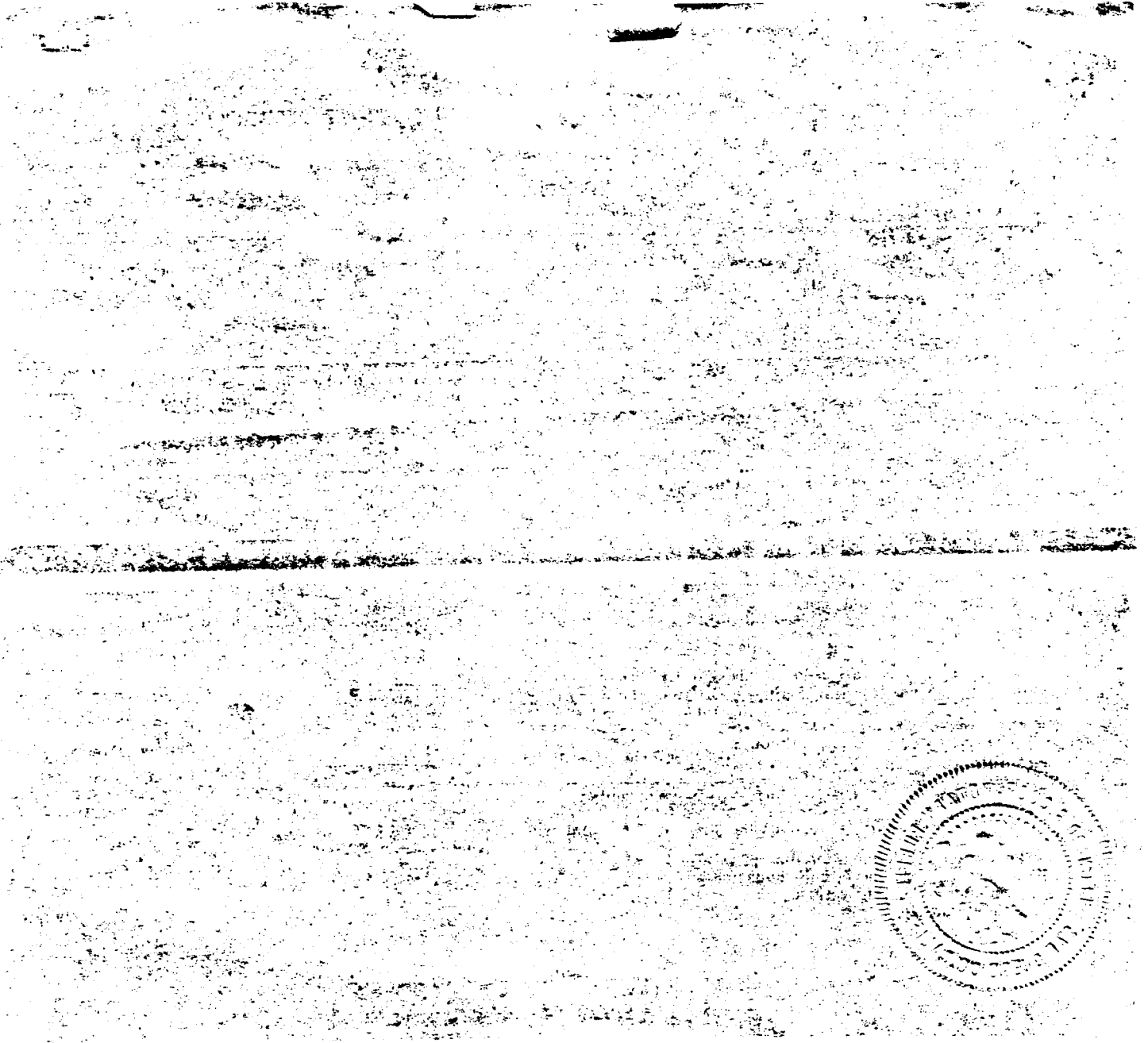
Give name added from a supplemental report .....
(Date of)

Filed FEB 25 1938, 193.....

Registrar. Registrar.

See affidavit attached.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF CALIFORNIA)
)
County of San Diego) ss

We, Charles Henry Wayant and Maggie Violet Wayant, who first being duly sworn, each for themselves, on oath, depose and say;

That we are the Father and Mother of Viva Irene Wayant who was born April 14, 1899 at Salmon Idaho and the facts as stated on the attached Certificate of birth are true and correct.

Charles Henry Wayant

Maggie Violet Wayant

Subscribed and sworn to before me this 12 day of February 1938

Leonard L. Cook

NOTARY PUBLIC

My Commission expires Feb. 12, 1939

A713108-030-493

263548

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
~~City of~~ Pahsimeroi
No. State of ~~St.~~
Idaho
(If born in hospital or institution give name.)

MAR 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 263548

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alfred Gallagher

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth August 8, ~~1938~~ 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Joseph Thomas Gallagher	18. Full maiden name: Mary Miller
10. Residence (usual place of abode) Pahsimeroi, Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Pahsimeroi, Idaho (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 28 (years)	20. Color or race White | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Osage Mission, (State or Country) Kansas	22. Birthplace (city or place) Pawnee County, (State or Country) Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home.
16. Date (month and year) last engaged in this work Still engaged, ~~19~~	25. Date (month and year) last engaged in this work Still engaged, 19
17. Total time (years) spent in this work 9 years	26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living 3 (b) Born alive but now dead One (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ✓ ..... Father, M. D.
or ..... Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed MAR 8 1938 193.. ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

JOSEPH THOMAS GALLAGHER being first duly sworn says that he is the Father of ALFRED GALLAGHER
(Relationship of child)*

born August 8, 1899 at Pahsimeroi, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that JOSEPH THOMAS GALLAGHER desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said ALFRED GALLAGHER hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that LAURA MILLER ~~M. D.~~ Midwife was the medical attendant at the birth of said ALFRED GALLAGHER and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Joseph Thomas Gallagher
P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 26th day of February, 19 38

Mary Thernneth
Clerk of the District Court ~~Notary Public.~~
Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

294-107-004-445

1. PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263572

MAR 14 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Thomas Singent

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth March 7, 1899 (Month, Day, Year)

FATHER

9. Full name Edward Singent

10. Residence (usual place of abode) Montpelier (If non-resident, give place and State)

11. Color or race White

12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Oakland California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yd Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work 11-28, 1935

17. Total time (years) spent in this work 1 5

MOTHER

18. Full maiden name Elizabeth Mueller

19. Residence (usual place of abode) Montpelier (If non-resident, give place and State)

20. Color or race white

21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) St Louis Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house-wife

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother five (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) Edward Singent Father ~~M.D.~~
or Mrs Edward Singent Mother ~~Midwife~~

Address Green River Wyoming

Filed Mar 11, 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wyoming
County of Sweetwater } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eduard Singent Elizabeth Singent being first duly sworn says that they are ~~is the~~ Parents of Joseph Thomas Singent
(Relationship of child)*

born March 7th 1899 at Montpelier, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Eduard Singent desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Joseph Thomas Singent hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Charles Hoover M. D. was the ~~Midwife~~ medical attendant at the birth of said Joseph Thomas Singent and that the said medical attendant ~~is~~ was Dr Charles Hoover deceased
(Now deceased (or) cannot be located)

Name of Affiant Eduard Singent
P. O. Address Green River Wyo. Box 197

Subscribed and sworn to before me this 11th day of March, 19 38

James O'Brien
Notary Public.

My Commission expires Aug. 21 1941 Residing at Green River, Wyoming, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Near Stanton
No. 819 122-007-318 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263766

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Burrel Hailey

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth Aug. 22 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Jesse Campbell Hailey	18. Full maiden name: Annie Catherine Taylor
10. Residence (usual place of abode) (If non-resident, give place and State): Stanton, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Stanton, Ida.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 41 (years)	21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Jacksonville, Jackson Co. Oregon	22. Birthplace (city or place) (State or Country): Linden Province, Ontario, Canada
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockgrower	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 19....	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jesse C. Hailey (Father), or ..... Midwife

Address 1816 N. 28th, Boise, Ida.

Give name added from a supplemental report .....

(Date of) ..... Registrar.

Filed 2-23-38 Subscribed and sworn to before me this 7th day of Feb. 1938

State Registrar Pearl Dillingham Registrar.

A546-125021-995

RECEIVED

APR 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265086

1. PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Christian Nuffer

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth December 25, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Nuffer	18. Full maiden name Anna Rinderknecht
10. Residence (usual place of abode) (If non-resident, give place and State) Preston	19. Residence (usual place of abode) (If non-resident, give place and State) Preston
11. Color or race white | 12. Age at last birthday 35 (years)	20. Color or race white | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Neuffen, Wuerttemberg, Germany	22. Birthplace (city or place) (State or Country) Providence, Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work December, 1899	25. Date (month and year) last engaged in this work December, 1899
17. Total time (years) spent in this work 12	26. Total time (years) spent in this work 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.... .....
Registrar.

APR 5 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Nuffer being first duly sworn says that she is the Mother of Raymond Christian Nuffer
(Relationship of child)*

born December 25, 1899 at Preston, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Raymond Christian Nuffer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Fannie Swan ~~M. D.~~ was the Midwife medical attendant at the birth of said Raymond Christian Nuffer and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Anna Nuffer
P. O. Address 15716 Saticoy St. Van Nuys,

Subscribed and sworn to before me this 1st day of April, 1938

Patricia Hall
Notary Public.

Residing at Van Nuys Calif, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266282

MAY 2 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Moscow Idaho
No. R.F.D. # 2 St.
A445 101 029 961
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Burton C. Ipsnson

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Aug 1st, 1899 (Month, Day, Year)

9. Full name Charles J. Ipsnson.

10. Residence (usual place of abode) R.F.D. # 2 (If non-resident, give place and State) Moscow Idaho

11. Color or race white | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) New Attica (State or Country) Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. "

16. Date (month and year) last engaged in this work Aug 1st, 1899

17. Total time (years) spent in this work all

18. Full maiden name Clemma E. Broadrick

19. Residence (usual place of abode) Moscow Idaho (If non-resident, give place and State) .....

20. Color or race white | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Arcadia (State or Country) Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "

25. Date (month and year) last engaged in this work Aug 1st, 1899

26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Dont know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed MAY 2 1938, 193.....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles J. Munson being first duly sworn says that he is the Father of Burton L. Munson
(Relationship of child)*

born Aug 1st 1899 at R.F.D. #2 Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Burton L. Munson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs John Potter ~~M. D.~~ Midwife was the medical attendant at the birth of said Burton L. Munson and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Charles J. Munson
P. O. Address R F D # 2, Moscow, Idaho

Subscribed and sworn to before me this 29th day of April, 1938

L. Weedon Schumacher
Notary Public.

Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

382-270006-793

1. PLACE OF BIRTH

County of Bingham

City of Idaho Falls

No. 463 Cliff St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

266573

CERTIFICATE OF BIRTH

MAY 26 1938

Registration District No. 73 State File No. 266573

Prim. Registration District No. 21-70 Local Registrar's No. 306

2. FULL NAME OF CHILD Wanda Byber

3. Sex Female

If plural births: 4. Twin, triplet, or other single 5. Number, in order of birth 6th (sex)

6. Premature — Full term yes

7. Legitimate? Yes

8. Date of birth Nov 20th, 1899 (Month, Day, Year) 1899

FATHER	MOTHER
9. Full name: Francis Marion Byber	18. Full maiden name: Hannah Ritchie
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: White 12. Age at last birthday: 37 (years)	20. Color or race: White 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Farmington Utah	22. Birthplace (city or place) (State or Country): Marriott Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Greater portion of life	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: ..., 19..	25. Date (month and year) last engaged in this work: Present time, 1899
17. Total time (years) spent in this work: Present time	26. Total time (years) spent in this work: Whole life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid sol

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 5 (b) Born alive but now dead one (c) Stillborn none

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — Before labor — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas G. Wilson M. D.

~~Midwife~~

Address 124 N Eastern ave

Give name added from a supplemental report

(Date of)

Registrar.

Filed May 23, 1938 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A942-229-029-391

#2 267752

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 29 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 267752

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Creighton Blk. Main St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Grace Crampton Rubedew

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth 1-29-1899 ~~193~~ (Month, Day, Year)

FATHER

9. Full name George Albert Rubedew

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Lorin Mich.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber Buyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 5 years

MOTHER

18. Full maiden name Kitty Rebecca Crampton

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Bay City Mich.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 8 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed ..... 193....

Registrar.

JUN 29 1938

Registrar.

WRITE one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated. ... more than ... RECORD. N. B.—

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Alameda } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

KITTY REBENA RUBEDEW being first duly sworn says that she is the mother (Relationship of child)* of Grace Crampton Rubedew born Janaury 29, 1899 (Date of birth) at Moscow, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Grace Crampton Rubedew hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. C. L. Gritman M. D. was the Midwife medical attendant at the birth of said Grace Crampton Rubedew and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Kitty Rebena Rubedew
P. O. Address Post Falls, Idaho

Subscribed and sworn to before me this 3rd day of June, 19 38

Grace E. Ward
Notary Public.

Residing at 411 15th St. Oakland, ~~Idaho.~~ California

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

214-225-025-595

267781

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267781

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Helen Lenora Kaufmann

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Nov. 25, 1899 (Month, Day, Year)

9. Full name FATHER Louis Kaufmann

10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville

11. Color or race White | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc. Agriculture

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work Nov. 25, 1899

17. Total time (years) spent in this work 13

18. Full maiden name MOTHER Mary Louse Eresch Carsh

19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Aurora Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Nov. 25, 1899

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Louis Kaufmann Father M.D.

or ....., Midwife

Address Nohim, Park Cal.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed ..... 193.... .....

Registrar.

THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Orange } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Louis Kaufman being first duly sworn says that is the father (Relationship of child)* of Doheny Park born Nov 25-1899 (Date of birth) at Grangeville, Idaho, whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helen Lenora Kaufman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no M. D. was the Midwife medical attendant at the birth of said Helen Lenora Kaufman and that the said medical attendant is Conn L Lewis (Now deceased (or) cannot be located)

Name of Affiant Louis Kaufman
P. O. Address Doheny Park, Calif

Subscribed and sworn to before me this 25 day of Nov, 19 37

John Lauall
Notary Public.
My Commission Expires April 29, 1939
Residing at SAN JUAN CAPISTRANO, Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth state

1. PLACE OF BIRTH
County of A 418-214-006-225
City of Blackfoot
No. ..... St.
(If born in hospital or institution give name.)

JUL 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267786

267788

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Sallie Veronica Mayers

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Nov. 14 1899 (Month, Day, Year)

FATHER

9. Full name Carl Joseph Mayers
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Idaho
11. Color or race W. | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Copa (near Berlin Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gov't farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dept. of Interior U.S. Indian Service
16. Date (month and year) last engaged in this work Nov., 1899
17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Fannie Matilda Spencer
19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho
20. Color or race W. | 21. Age at last birthday 42 (years)
22. Birthplace (city or place) (State or Country) Oshkosh Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Nov., 1899
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed ....., 193.... .....

JUL 1 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Contra Costa } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John S. Mayers being first duly sworn says that he is the brother (Relationship of child)* of Sallie Veronica Mayers born November 14, 1899 (Date of birth) at Blackfoot, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Sallie Veronica Mayers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that (doctor not known) M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant cannot be located (Now deceased (or) cannot be located)

Name of Affiant John S. Mayers.
P. O. Address R.F.D. Richmond Cal.

Subscribed and sworn to before me this 7 day of July, 1938.

John Moore
Notary Public.
Residing at Richmond, Contra Costa, ~~Idaho.~~ county, State of California

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 759-214-016-816

PLACE OF BIRTH

County of Cassia

City of Dubois

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

267797

CERTIFICATE OF BIRTH

JUL 18 1938

Registration District No. ..... State File No. 267797

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Ellen Peirce

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 14, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Henry Peirce	18. Full maiden name Alice Haworth
10. Residence (usual place of abode) (If non-resident, give place and State) Dubois	19. Residence (usual place of abode) (If non-resident, give place and State) Dubois
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race White | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) Brigham City (State or Country) Utah	22. Birthplace (city or place) Logan (State or Country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Foreman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Smart & Webster sheep ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
16. Date (month and year) last engaged in this work Jan. 14, 1899	25. Date (month and year) last engaged in this work Jan 14, 1899
17. Total time (years) spent in this work Seven	26. Total time (years) spent in this work five

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed JUL 18 1938, 193.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Cassia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mr J. H Peirce being first duly sworn says that He is the Father of Mary Ellen Peirce
(Relationship of child)*

born Jan 14. 1899 at Dubois, Idaho,
(Date of birth)

~~whose~~ certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mary Ellen Peirce hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Davis, ~~M. D.~~ was the Midwife medical attendant at the birth of said Mary Ellen Peirce and that the said ~~medical attendant~~ is Midwife! Deceased.
(Now deceased (or) cannot be located)

Name of Affiant John M. Peirce
P. O. Address Claresholm Alberta.

Subscribed and sworn to before me this 13/14 day of Feb, 1938

A. B. Adslam
Notary Public.

Residing at Claresholm, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Notary Public in and for the Province of Alberta

295 116 014-155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269264

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Middleton
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Howard Reed Breshears

3. Sex male

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ✓ Full term ✓

7. Legitimate? yes

8. Date of birth February 16 ~~1903~~ 1899 (Month, Day, Year)

9. Full name FATHER Franklin Marion Breshears

10. Residence (usual place of abode) (If non-resident, give place and State) Middleton Idaho

11. Color or race white | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) State of Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

18. Full maiden name MOTHER Elizabeth Jenkins

19. Residence (usual place of abode) (If non-resident, give place and State) Middleton Idaho

20. Color or race white | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Middleton Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs F. M. Breshears, Mother ~~M. D.~~

or ....., Midwife

Address 2314 Pleasant St, Boise, Idaho

Filed Aug 6, 1937 Pearl Dillingham State Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Subscribed and sworn before me this 4 day of Aug 1937 Pearl Dillingham State Registrar

Registrar.

249 204 016-342

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

270027

1. PLACE OF BIRTH
County of Cassia
City of Albion, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clara Mae Smith

3. Sex F | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth January 4, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Andrew Harris Smith	18. Full maiden name Fanny Bell Cubine
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Rupert~~ Albion, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) ~~Rupert~~ Albion, Idaho
11. Color or race W | 12. Age at last birthday 28 (years)	20. Color or race W | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Corinne, Utah	22. Birthplace (city or place) (State or Country) Abbington, Virginia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattleman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work January, 1899 | 17. Total time (years) spent in this work 9	25. Date (month and year) last engaged in this work January, 1899 | 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... M. D.
or Mrs Andrew H Smith, ~~Midwife~~ Mother
Address Rupert, Idaho
Filed SEP 12 1938, 193.... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Minidoka } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Andrew H. Smith being first duly sworn says that she is the Mother of Clara Mae Smith
(Relationship of child)*

born January 4, 1899 at Albion, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Clara Mae Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. R. T. Storey M. D. was the ~~Midwife~~ medical attendant at the birth of said Clara Mae Smith and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

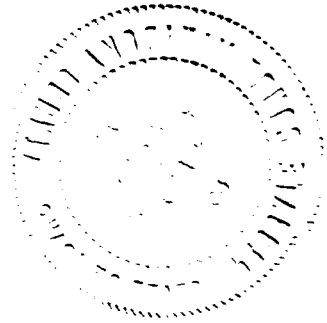
Name of Affiant Mrs Andrew H Smith

P. O. Address Rupert, Idaho

Subscribed and sworn to before me this 7th day of September, 19 38

V. A. Barger
Probate Judge ~~Notary Public.~~
Residing at Rupert, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



331-116-044-462

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 271165

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Washington

City of Council

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edwin Pease Clark

3. Sex Male

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Aug. 16, 1899 (Month, Day, Year)

FATHER

9. Full name William Merritt Clark

10. Residence (usual place of abode) (If non-resident, give place and State) Council, Ida.

11. Color or race White | **12. Age at last birthday** 46 (years)

13. Birthplace (city or place) Holyoke (State or Country) Massachusetts

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith Shop

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Eva Moser

19. Residence (usual place of abode) (If non-resident, give place and State) Council, Ida.

20. Color or race White | **21. Age at last birthday** 25 (years)

22. Birthplace (city or place) Conway County (State or Country) Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead -- (c) Stillborn --

29. If stillborn, period of gestation -- months or weeks

30. Cause of stillbirth - Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3:30 P.M. on the date above stated.

(Signed) W. M. Brown, M. D.

or ....., ~~Midwife~~

Address [illegible]

Filed OCT 5 1938, 193.. Pearl Dillingham State Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

429-22-42-466

1. PLACE OF BIRTH
County of Butte
City of Moore Ida.
No. ..... St.
(If born in hospital or institution give name.)

OCT 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272273

Registration District No. ..... State File No. 272273
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lillian Russell McGee

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Mar 29, 1899 (Month, Day, Year)

FATHER

9. Full name Jefferson Davis McGee (~~deceased~~)
10. Residence (usual place of abode) ~~Payette~~ Moore
(If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday ~~78~~ 38 (years)
13. Birthplace (city or place) Paris
(State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Mary Jefferson Moore
19. Residence (usual place of abode) ~~Payette~~ Moore
(If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday ~~78~~ 34 (years)
22. Birthplace (city or place) New Boston
(State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Sept 29, 1938 | 26. Total time (years) spent in this work 5 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Mary Swanson, M. D.
or mother, Midwife
Address Payette Ida R. 1.

Give name added from a supplemental report .....
(Date of)

Filed OCT 22 1938, 193.....
Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Mary Swanson being first duly sworn says that she is the mother of Lillian Russell McGee,
(Relationship of child)*

born Mar 29 - 1899 at Moore, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Sarana M. D. was the Midwife X medical attendant at the birth of said Lillian Russell McGee and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Mary Swanson
P. O. Address Payette Idaho

Subscribed and sworn to before me this 29th day of Sept, 19 38

Maud Henry
Notary Public.

Residing at Nampa, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A413-21708-662

276465

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 7 1939

Registration District No. _____ State File No. 276465

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Fraser
No. _____ St. _____
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gladys Ellen Molloy

3. Sex Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? Yes

8. Date of birth Nov 17, 1899 (Month, Day, Year)

FATHER

9. Full name John T. Molloy

10. Residence (usual place of abode) (If non-resident, give place and State) Fraser, Ida

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Prairie Mill, Wash

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Viola A. Foster

19. Residence (usual place of abode) (If non-resident, give place and State) Fraser, Ida

20. Color or race _____ | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Waucoma, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed MAR 1939, 193____

Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

DUP OF 1900-255902

BOTH DELAYED

STATE OF IDAHO

[redacted]R

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Clearwater } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Viola A. Molloy being first duly sworn says that she is the Mother of Geadys Ellen Molloy
(Relationship of child)*

born Nov 17, 1899 at Fraser, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1927 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Geadys Ellen Molloy hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Margaret McFarland ~~M. D.~~ Midwife was the medical attendant at the birth of said Geadys Ellen Molloy and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Viola Molloy

P. O. Address Orofino Idaho

Subscribed and sworn to before me this 1 day of Jan, 19 37

[illegible]
Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A113-109 025-295

MAR 13 1939

276486

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276486

1. PLACE OF BIRTH

County of Idaho

City of Grangeville P Office

No. ..... St. Fairview School District

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Severt Jacobson

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Mar. 9, 1899 (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Charles Severt Jacobson		Margaret Myrtle Kinkaid ~~(Jacobs~~
10. Residence (usual place of abode) (If non-resident, give place and State)	Grangeville	19. Residence (usual place of abode) (If non-resident, give place and State)	Grangeville ~~OR~~
11. Color or race	White	20. Color or race	White
12. Age at last birthday	24 (years)	21. Age at last birthday	21 (years)
13. Birthplace (city or place) (State or Country)	Grenaa Denmark	22. Birthplace (city or place) (State or Country)	Buffalo Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmhand	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Home
16. Date (month and year) last engaged in this work	January, 1900	25. Date (month and year) last engaged in this work	....., 19....
17. Total time (years) spent in this work	8 years	26. Total time (years) spent in this work	All

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

RECEIVED

Filed MAR 14 1939, 193....

Registrar.

MAR 1 0 1939

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Myrtle Jacobson being first duly sworn says that she is the mother (Relationship of child)* of Ralph Severt Jacobson born March 9, 1899 (Date of birth) at (near) Grangeville, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ralph Severt Jacobson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

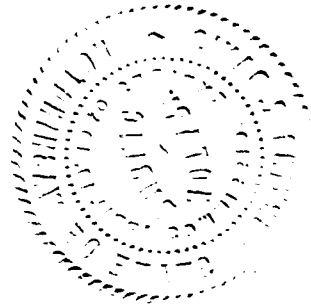
Affiant further states that Doctor Bibby M. D. was the ~~Midwife~~ medical attendant at the birth of said Ralph Severt Jacobson and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Margaret Myrtle Jacobson
Name of Affiant Margaret Myrtle Jacobson
P. O. Address W 428 Park Place, Spokane, Wash

Subscribed and sworn to before me this 24th day of February, 1939.

Jerry R. Evans, Notary Public for Washington
~~Notary Public~~
Residing at Spokane, Washington, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

278508

APR 27 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278508

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Melrose - Idaho
No. A386-1N4035-386 St.
Born at home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elmer Theodore Thompson

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes.

7. Legitimate? Yes.

8. Date of birth Dec. 14, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas Thompson	18. Full maiden name Elizabeth Thomson
10. Residence (usual place of abode) (If non-resident, give place and State) Melrose Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Melrose Idaho
11. Color or race White | 12. Age at last birthday 40 (years)	20. Color or race White | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) Dane County (State or Country) Wis.	22. Birthplace (city or place) Melrose - Idaho (State or Country) Dane County - Wis
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. " "	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. " "
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 10 yrs.	26. Total time (years) spent in this work 19 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5 and this child (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn ✓

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ~~Elizabeth Thompson~~ ....., M. D.

or ....., Midwife

Address .....

Filed APR 27 1939, 193.... .....

Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

278508

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado
County of Denver } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Thompson being first duly sworn says that she is the Mother (Relationship of child)* of Elmer Theodore Thompson born Dec 14-1899 (Date of birth) at Melrose, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elmer Theodore Thompson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Burgess ~~M. D.~~ was the Midwife medical attendant at the birth of said Elmer Theodore Thompson and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Elizabeth Thompson
P. O. Address 1605 E. 37 Ave

Subscribed and sworn to before me this 21 day of April, 1939

Victor Hebert X
Notary Public.

My Commission expires September 16, 1940

Residing at Denver Colo, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A943214 008 3/5

RECEIVED
APR 27 1939

278517

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278517

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Boise now Valley

City of Van Wyck now Cascade

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lovie Elsie Rutledge

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan 14, 1899 ~~193~~ (Month, Day, Year)

FATHER

9. Full name James Edward Rutledge

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) El Paso (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lovie Lilliette Landreth

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Story County Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed APR 27 1939, 193.... .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

C. A. Bottolfsen [redacted] GOVERNOR

278517

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Edward Rutledge being first duly sworn says that he is the father (Relationship of child)* of Lovie Elsie Rutledge born Jan. 14 - 1899 (Date of birth) at Van Wyck now Cascade, Idaho, whose certificate of birth is hereto attached, and that James Edward Rutledge desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lovie Elsie Rutledge hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Evans ~~M. D.~~ Midwife was the medical attendant at the birth of said Lovie Elsie Rutledge and that the said medical attendant is now deceased (Now deceased ~~(or) cannot be located)~~

Name of Affiant James Edward Rutledge
P. O. Address Middleton, Idaho

Subscribed and sworn to before me this 25 day of April, 1939

Chas. Gorhames
NOTARY PUBLIC Notary Public.

Residing at ~~MY COMMISSION EXPIRES MAY 31, 1939~~ Idaho.
~~RESIDING AT MIDDLETON, IDAHO~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state the fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278600

278600

1. PLACE OF BIRTH
County of Washington
City of Cambridge Idaho
No. ..... St.
A552-229-044-289
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lillian Ida Ensley

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Aug 29, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Harmon Ensley	18. Full maiden name Rosa Shirts
10. Residence (usual place of abode) (If non-resident, give place and State) Cambridge Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Cambridge Idaho
11. Color or race white 12. Age at last birthday 30 yrs (years)	20. Color or race white 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) State of Oregon	22. Birthplace (city or place) (State or Country) Polk City Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work 4 yrs	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed May, 1939

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rosa Ensley Alsterberg being first duly sworn says that she is the Mother (Relationship of child)* of Lillian Ida Ensley (by marriage Lillian Ida Ford)

born August 29th, 1899 (Date of birth) at Cambridge, Idaho,

whose certificate of birth is hereto attached, and that Lillian Ida Ensley (Ford) desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lillian Ida Ensley (by marriage Lillian Ida Ford) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. John Wilkerson ~~M. D.~~ Midwife was the medical attendant at the birth of said Lillian Ida Ensley and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Rosa Ensley Alsterberg
P. O. Address Maplewood, Oregon

Subscribed and sworn to before me this 13th day of May, 19 39

L. Campbell
Notary Public.
Residing at Chehalis, Washington ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

417-128 028-299

279589

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 279589

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of St. Marys,
No. ---- St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ernest McKinley Daggett

3. Sex Male | If plural births: 4. Twin, triplet, or other -- 5. Number, in order of birth -- | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 28, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name M. Hale Daggett	18. Full maiden name Mary Georgianna Brinker
10. Residence (usual place of abode) (If non-resident, give place and State) St.Marys	19. Residence (usual place of abode) (If non-resident, give place and State) St. Marys
11. Color or race White 12. Age at last birthday 26 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Vallejo, California	22. Birthplace (city or place) (State or Country) State of Kansas (Orphan)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work May 28, 1899	25. Date (month and year) last engaged in this work May 28 1899
17. Total time (years) spent in this work 12 yrs.	26. Total time (years) spent in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn No

29. If stillborn, period of gestation ---- months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at -- m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Midwife Deceased

Give name added from a supplemental report .....

(Date of) ..... Registrar.

(Signed) M. Hale Daggett Father

or ..... Midwife

Address 403-E-109 St. Los Angeles Co.

Filed May, 1899 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

M. Hale Daggett being first duly sworn says that he is the Father of Ernest McKinley Daggett
(Relationship of child)*

born May 28th, 1899 at St. Marys, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ernest McKinley Daggett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Rachel Fisher ~~###~~ was the Midwife medical attendant at the birth of said Ernest McKinley Daggett and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant M. Hale Daggett
P. O. Address 403-B 109-Aff.

Subscribed and sworn to before me this 22nd day of May, 1939

William T. Fowler
Notary Public.

Residing at 1120 So Main Los Angeles Cal, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth ...ted.

1. PLACE OF BIRTH
County Lincoln
City of Shoshone
No. On Ranch 5 miles north of Shoshone, Idaho

JUN 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 279699

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Violet Eleanor Anderson

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth August 7th, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Harry Walter Anderson	18. Full maiden name Ida May Johnson
10. Residence (usual place of abode) On Ranch 5 m. North (If non-resident, give place and State) Shoshone, Ida.	19. Residence (usual place of abode) On Ranch 5 M. North (If non-resident, give place and State) Shoshone, Ida.
11. Color or race White 12. Age at last birthday 28 (years)	20. Color or race White 21. Age at last birthday 23 (years)
13. Birthplace (city or place) Chicago, Cook County (State or Country) Illinois	22. Birthplace (city or place) Chicago, Cook County (State or Country) Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Raising and Ranching	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....
Registrar.

Filed June, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harry W. Anderson and Ida M. Anderson being first duly sworn says that they are the Father and Mother of Violet Eleanor Anderson
(Relationship of child)*

born August 7th, 1899-On Ranch 5 miles North of Shoshone, Idaho, Idaho,
(Date of birth) at

whose certificate of birth is hereto attached, and that said parents desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Violet Eleanor Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Albee M.D. M. D. was the Midwife medical attendant at the birth of said Violet Eleanor Anderson and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Harry W. Anderson

Name of Affiant Ida M Anderson

P. O. Address 906 N. 10th St. Boise, Idaho.

Subscribed and sworn to before me this 16th day of June 1939, 19

Notary Public.

Residing at Boise, Ada County, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Notary Public in and for the State of Idaho
Residing in Boise, Ada County, Idaho
My Commission expires Nov. 10, 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. A41 St.
A419719 044-253
(If born in hospital or institution give name.)

JUN 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 280676
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Loyd Nelson Martin

3. Sex Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Nov. 19, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Martin	18. Full maiden name Dora Kelley
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Weiser, Ida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In own home
16. Date (month and year) last engaged in this work 2 — 1, 1903	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work about 12	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JUN 22 1939 193.... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Washington } ss.

Dora Kelley Martin being first duly sworn says that she is the Mother of Loyd Nelson Martin
(Relationship of child)*

born November 19 - 1899 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Loyd Nelson Martin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr G. M. Waterhouse M. D. was the Midwife medical attendant at the birth of said Loyd Nelson Martin and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Dora Kelley Martin
P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 21 day of June, 1939.

H. L. Loyd
Notary Public.

Residing at Weiser, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

280730

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 6 1939

Registration District No. ..... State File No. 280730

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Kilgore P.O.
No. A133-224022154 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Annie May Allen

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Nov 24 1899, 193.... (Month, Day, Year)

FATHER

9. Full name George Butler Allen
10. Residence (usual place of abode) (If non-resident, give place and State) Kilgore
11. Color or race White 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Canyon City Colo. Colorado

OCCUPATION
14. ~~Trade, profession~~, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ~~Stock~~, 19.... 17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name Caroline Addenson
19. Residence (usual place of abode) (If non-resident, give place and State) Kilgore
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Hoggsson Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work one year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed ....., 193.... .....
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
.....
Registrar.

JUL 6 1939

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Fremont } ss.

Caroline Anderson - Allen being first duly sworn says that is the Mother of Annie May Allen
(Relationship of child)*

born November 24 - 1899 at Kilgore Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Annie May Allen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Fuston M. D. was the Midwife medical attendant at the birth of said Annie May Allen - and that the said medical attendant is Deceased -
(Now deceased (or) cannot be located)

Name of Affiant Caroline Anderson Allen
P. O. Address ~~Kilgore~~ Dubois

Subscribed and sworn to before me this first day of July, 1939.

Ella Owen
Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

212-105 022 466

280762

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of Teton
No. ..... St.
(If born in hospital or institution give name.)

JUL 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 State File No. 280762
Prim. Registration District No. 2177 Local Registrar's No. 14082

2. FULL NAME OF CHILD Ralph Doris Baker

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth April 6, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jesse Merrit Baker	18. Full maiden name Sarah Ann Dowdle
10. Residence (usual place of abode) (If non-resident, give place and State) Teton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Teton Ida
11. Color or race white | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) ~~Teton~~ Menan (State or Country) ~~Cache~~ Fremont Co. Idaho Utah	22. Birthplace (city or place) Franklin (State or Country) Oneida Co., Idaho.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Owner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work Lifetime	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or ~~Stillborn~~) at about 9.30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Laura Orme

(Signed) ....., M. D.
or ....., Midwife
Address .....

(Date of) Sept. 5 quarter

Registrar. Ida

Filed July 10, 1939 Sarah B. Musik
Registrar.

BOTH DELAYED

DUP OF 1899-294673

dup of 1899-294673

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Fremont } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laura H Baker Orme being first duly sworn says that

she is the older sister of Ralph Doris Baker
(Relationship of child)*

born April 5, 1899 at Teton, Fremont County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ralph Doris Baker

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Bell Riggs ~~M. D.~~ was the Midwife medical attendant at the birth of said Ralph Doris Baker and that the said medical attendant is Now Deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Laura H. Baker Orme

P. O. Address Squirrel, Idaho.

Subscribed and sworn to before me this 10th day of July, 1939

George Barnes
Notary Public.

Residing at Drummond, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth state

1. PLACE OF BIRTH

County of Canyon

City of Nampa

No. A-295 201-014815 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 280779

JUL 10 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret King

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Feb 1, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Howard Elliott King	18. Full maiden name Cornelia Rebecca Handy
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho
11. Color or race White | 12. Age at last birthday 35 (years)	20. Color or race White | 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Indiana County Pennsylvania	22. Birthplace (city or place) (State or Country) Stockton, California
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

..... Registrar.

Filed JUL 10 1939, 193.... ..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cornelia R. King being first duly sworn says that she is the Mother of Margaret King
(Relationship of child)*

born Feb 11 1899 at Nampa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Margaret King hereto attached **are true and correct** as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that F. S. Kohler M. D. was the ~~Midwife~~ medical attendant at the birth of said Margaret King and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Cornelia R. King
P. O. Address 303 - 9th Ave So, Nampa Idaho

Subscribed and sworn to before me this 16th day of May, 19[illegible]

[illegible]
Notary Public.

Residing at [illegible], Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

693-128-009-713

281895

RECEIVED JUL 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 281895

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Bonner.

City of Sandpoint

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Cecil Richard Wicks

3. Sex Male

If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 1

6. Premature ..... Full term Yes

7. Legitimate? .....

8. Date of birth Feb. 28, ~~XXX~~ 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Carl Gustav Wicks	18. Full maiden name: Sarah Jane Palmer
10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint, Idaho
11. Color or race White; 12. Age at last birthday 30 (years)	20. Color or race White; 21. Age at last birthday 16 (years)
13. Birthplace (city or place) Stockholm (State or Country) Sweden	22. Birthplace (city or place) Dufur, (State or Country) Oregon.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Mar. 1, 1900; 17. Total time (years) spent in this work 4	25. Date (month and year) last engaged in this work Mar. 1, 1900; 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 6 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Sarah Jane Wick Mother. ~~XXXXX~~

or ....., Midwife

Address Sagle, Idaho

Give name added from a supplemental report .....

(Date of)

Filed JUL 20 1939, 193....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

C. A. Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO,
County of Bonner. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah Jane Wicks being first duly sworn says that she is the mother of Cecil Richard Wicks
(Relationship of child)*

born Feb. 28, 1899 at Sandpoint, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Cecil Richard Wicks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Briscoe ~~M.D.~~ Midwife was the medical attendant at the birth of said Cecil Richard Wicks and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Sarah Jane Wicks

P. ~~O. Address~~ Sagle, Idaho

Subscribed and sworn to before me this 18th day of July, 19 39

[illegible]
Notary Public.

Residing at Sandpoint, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT SANDPOINT, IDAHO
MY COMMISSION EXPIRES JUNE 4, 1942.

433-203-035-559

78-1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 18 1939

CERTIFICATE OF BIRTH

282933

1. PLACE OF BIRTH
County of Nez Perce
~~City of~~ Near Lapwai
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 1009 State File No. 1
Prim. Registration District No. 96 Local Registrar's No. .....

2. FULL NAME OF CHILD Kathryn Belle McCormack

3. Sex: Female
(If plural births) 4. ~~Twin, triplet,~~ or other ✓ 5. Number, in order of birth 4
6. Premature ..... Full term ✓
7. Legitimate? yes
8. Date of birth Aug. 3, ~~1899~~ 1899 (Month, Day, Year)

FATHER

9. Full name John McCormack
10. Residence (usual place of abode) (If non-resident, give place and State) (Lapwai) [redacted]
11. Color or race White 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or country) Scotland near Edinburg

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work ✓, 19.....
17. Total time (years) spent in this work ✓

MOTHER

18. Full maiden name Alice Maud Vernon
19. Residence (usual place of abode) (If non-resident, give place and State) (Lapwai) [redacted]
20. Color or race White 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or country) Bignor, Ontario Can.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
25. Date (month and year) last engaged in this work ✓, 19.....
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ✓ (c) Stillborn ✓
29. If stillborn, period of gestation ✓ months or weeks
30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John R Alley, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)
..... Registrar.

Filed Aug 16, 1939 Mark McCurdy M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Southwick
No. ..... St.
(If born in hospital or institution give name.) Home

Registration District No. Idaho State File No. 282934
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jessie Jane Brown

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Nov. 1, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Leo Brown	18. Full maiden name Cora Jones
10. Residence (usual place of abode) (If non-resident, give place and State) Southwick	19. Residence (usual place of abode) (If non-resident, give place and State) Southwick
11. Color or race ..... 12. Age at last birthday ..... (years)	20. Color or race ..... 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or country) Wenatchee	22. Birthplace (city or place) (State or country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work Don't Know	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work Don't Know

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation X months or weeks | 30. Cause of stillbirth X | Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Don't Know (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Don't Know, Midwife
Address .....

Give name added from a supplemental report X (Date of)

Registrar.

Filed AUG 18 1939, 193.... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

DELAYED

BOTH DELAYED

DUP OF 1899-420728

dup of 1899-420728

A F F I D A V I T

Jessie Irene Brown Pippenger, being duly sworn upon oath, deposes and says, that she is the daughter of George Brown; that she was born at Southwick in NezPerce County, Idaho, Nov.1st.1899.

STATE OF IDAHO (ss:
COUNTY OF LATAH (

Jessie Irene Brown Pippenger

Subscribed and sworn to before me this 7th. day of July 1930.

A B Thompson

DELAYED

815-223-029-313

RECEIVED AUG 12 1939

78 29 36

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 State File No. 282936

Prim. Registration District No. 1011 Local Registrar's No. 923

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. 8th St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eunice Beulah Hanson

3. Sex Female

If plural births 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? Yes

8. Date of birth July 23, 1899 (Month, Day, Year)

FATHER

9. Full name Alfred Hanson

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

11. Color or race White | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) De Moines Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter, farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Arvella Jane Talbott

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

20. Color or race white | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Centerville Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ____ p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~Guy Griffith~~, M. D.

or ____, Midwife

Address Moscow, Idaho

Give name added from a supplemental report Eunice Talbott (Date of)

Filed 8-10, 1939 Henry Erickson Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 12 1939

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eunice Talbott being first duly sworn says that she is the aunt by marriage of Eunice Beulah Hanson (married name, Mrs. John I. Darroch)
(Relationship of child)*

born July 23, 1899 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Eunice Beulah Hanson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eunice Beulah Hanson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. L. Gritman M. D. was the ~~Midwife~~ medical attendant at the birth of said Eunice Beulah Hanson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Eunice Talbott
P. O. Address 245 N. Wash. St Moscow Idaho.

Subscribed and sworn to before me this 10th day of August 19 39.

Robert W. Gilligan
Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A893-116-010-294

282944

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 18 1939

Registration District No. _____ State File No. 282944

Local Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. _____ St.
Idaho Falls Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alex David Hill

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? Yes

8. Date of birth Sept. 16, 1939 (Month, Day, Year)

FATHER

9. Full name Y Wyatt Hill

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Ida.

11. Color or race W. | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) _____ (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Helen Simpkins

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho

20. Color or race W | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) _____ (State or Country) Scotland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living Yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug, 1939

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alex David Hill being first duly sworn says that he is the Son (Relationship of child)* of Mr & Mrs Wyatt Hill born September 16, 1899 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alex David Hill hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Cook ~~M. D. was the~~ Midwife medical attendant at the birth of said Alex David Hill and that the said medical attendant is Cannot be Located (Now deceased (or) cannot be located)

Name of Affiant Helen Johnson Sister
P. O. Address Blackfoot Ida.

Subscribed and sworn to before me this 17 day of August, 1939

Martha Mark
Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A-19 012-006-819

RECEIVED AUG 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

282963

CERTIFICATE OF BIRTH

282963

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. 331 Basalt St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD RUBY BAIN

3. Sex: Female

If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X

6. Premature X; Full term Yes

7. Legitimate? Yes

8. Date of birth Dec. 12, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Peter William Bain	18. Full maiden name: Delia Adeline Hardy
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: White; 12. Age at last birthday: 38 (years)	20. Color or race: White; 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Kenosha, Wisconsin	22. Birthplace (city or place) (State or Country): St. Charles, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Dec., 1899	25. Date (month and year) last engaged in this work: Dec., 1899
17. Total time (years) spent in this work: About 15	26. Total time (years) spent in this work: About 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother: Four (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation XXXXX months or weeks XXX

30. Cause of Stillbirth XXX Before labor SSSSS; During labor XXXXX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG 24 1939, 193...

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Santa Clara } ss.

Addie Bain being first duly sworn says that she is the mother of Ruby Bain
(Relationship of child)*

born December 12, 1899 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruby Bain hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Laura Cook - Midwife M. D. was the Midwife medical attendant at the birth of said Ruby Bain and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Addie Bains

P. O. Address 217 N. 3rd. St. Klamath Falls, Oregon

Subscribed and sworn to before me this 21st day of August, 1939

Hugo Holde
Notary Public.

Residing at Morgan Hill, Santa Clara Co., California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Mar 21, 1942

A523-128022-949

282967

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282967

AUG 25 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Fremont

City of Market Lake, Idaho.

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Esterak

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Nov. 28, 1899 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles Esterak	18. Full maiden name: Rosalie Zmrhal
10. Residence (usual place of abode) (If non-resident, give place and State) Market Lake, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Market Lake, Ida.
11. Color or race White | 12. Age at last birthday 47 (years)	20. Color or race White | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) Bohemia (State or Country)	22. Birthplace (city or place) Bohemia ((State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG 25 1939 193.. .....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rosa Esterak being first duly sworn says that she is the mother of John Esterak
(Relationship of child)*

born November 28, 1899, at Market Lake (now Roberts), Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Esterak hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Antonio Ledvina ~~XXX~~ was the Midwife medical attendant at the birth of said John Esterak and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Rosa Esterak

P. O. Address P.O.Box 595, Salt Lake City, Utah.

Subscribed and sworn to before me this 19th day of August, 19 39

Notary Public.

My Commission expires:

Residing at Salt Lake City, Utah. ~~XXXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A913-102-006-893

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282971

Registration District No. ..... State File No. **282971**

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Shelley Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Henry Mac Kay

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Dec. 2, 1939 (Month, Day, Year)

FATHER

9. Full name Thomas Mac Kay
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley
11. Color or race White 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Scotland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Julia Hill
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley
20. Color or race White 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Idaho Falls, Ida.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address Pauline Hill Godfellow

Give name added from a supplemental report .....

(Date of) .....

Filed Aug 25 1939 193.....

Registrar.

Registrar.

REC'D AUG 25 1939

962-230-236-866

28 29 89

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 28 1939

282989

1. PLACE OF BIRTH
County of Oneida [illegible] Franklin
City of Weston, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 282989
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rae Kathryn Rose ([redacted])

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Sept. 30, 1899 (Month, Day, Year)

FATHER

9. Full name Hyrum Oliver Rose

10. Residence (usual place of abode) (If non-resident, give place and State) Weston, Idaho

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) North Ogden, Utah U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agriculturalist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Private

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Catherine Elizabeth Hoopes

19. Residence (usual place of abode) (If non-resident, give place and State) Weston, Idaho

20. Color or race White | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Weston, Idaho U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

7. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

8. Number of children of this mother ~~[illegible]~~ 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

9. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Catherine Elizabeth Hoopes Rose, ~~M. D.~~
or Mother, ~~Midwife~~
Address 1005 Fir Ave Eagle Rock Calif

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed AUG 29 1939, 193.....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of (Idaho) California
County of Los Angeles, Los Angeles, } ss.

Catherine Elizabeth Hayes Rose (Mrs. Alvin W.) being first duly sworn says that [redacted] I am the Mother of Rae Kathryn Rose (Kirkham)
(Relationship of child)*

born 30 September 1899 (Date of birth) at Weston (Oneida) Franklin Co., Idaho,

whose certificate of birth is hereto attached, and that Rae Kathryn Rose and Mother desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Rae Kathryn Rose, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Elizabeth Hayes Clarke (G. Grandmother) was the Midwife medical attendant at the birth of said Rae Kathryn Rose, and that the said medical attendant is Deceased.
(Now deceased (or) cannot be located)

Name of Affiant Catherine Elizabeth Hayes Rose
P. O. Address General Delivery Los Angeles Calif.

Subscribed and sworn to before me this 24 day of Aug, 1939

F. C. Bower
Notary Public.

My commission expires January 10, 1941.

Residing at Prescott Ariz., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

165-124-019-692

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

282.59
283096

SEP 13 1939

CERTIFICATE OF BIRTH

283096

1. PLACE OF BIRTH
County of Custer
City of Challis
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 108 State File No. .....
Prim. Registration District No. 3186 Local Registrar's No. 316

2. FULL NAME OF CHILD Melvin Maywood Jones

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 24, 1899 (Month, Day, Year)

RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

FATHER

9. Full name Thomas W. Jones
10. Residence (usual place of abode) (If non-resident, give place and State) Clayton Ida.
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Baltimore Maryland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work May 1899
17. Total time (years) spent in this work 7 years

MOTHER

18. Full maiden name Ida Winnifred Fisher
19. Residence (usual place of abode) (If non-resident, give place and State) Claylin
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Ray County Mo.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work May 1899
26. Total time (years) spent in this work 3 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

WRITE PLAINLY WITH UNFADING INK. Record must be made for each child at birth a Separate Return must be made for each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5.9 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Ida Winnifred Jones M.D.
or Mother of child ..... Midwife
Address 3227 Windsor ave, Baltimore Maryland
Filed Sept 11, 1939 Edna McKenney Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Custer } ss.

Ida Winnifred Jones being first duly sworn says that she is the mother (Relationship of child)* of Melvin Waywood Jones born May 14th, 1899 (Date of birth) at Challis, Idaho, ~~whose certificate~~ of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Melvin Waywood Jones hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Spencer Below Rogers M. D. was the ~~Midwife~~ medical attendant at the birth of said Melvin Waywood Jones and that the said medical attendant is now deceased (Now deceased (or) ~~cannot be located~~)

Name of Affiant Ida Winnifred Jones
P. O. Address 3037 WINDSOR AVE. Baltimore, Maryland

Subscribed and sworn to before me this 11th day of September, 1939.

Merle L. Drake
Notary Public.

Residing at Challis, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DING INFORMATION IS A PERMANENT
it be made for each and every

A564-108-544-469

283104

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 15 1939

CERTIFICATE OF BIRTH

283104

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Washington, Idaho
City of Council Idaho
No. Farm outside City St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Arthur Leonard Young

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth March 8, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry O'Connor Young	18. Full maiden name Martha Bell Morrison
10. Residence (usual place of abode) (If non-resident, give place and State) Council, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Council Idaho
11. Color or race White | 12. Age at last birthday 23 (years)	20. Color or race White | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Eureka, Arkansas	22. Birthplace (city or place) (State or Country) Ironside, Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter and	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper at home
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Millwright	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. On Farm
16. Date (month and year) last engaged in this work March 8, 1899 | 17. Total time (years) spent in this work all working life	25. Date (month and year) last engaged in this work March 8, 1899 | 26. Total time (years) spent in this work All working life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother Only this one (At time of this birth and including this child) (a) Born alive and now living ✓ (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation No months or weeks | 30. Cause of Stillbirth ✓ During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed SEP 15 1939, 193..

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Santa Barbara } ss.

Martha Bell Young being first duly sworn says that she is the mother (Relationship of child)* of Arthur Leonel Young born March 8 1899 (Date of birth) at Council Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Arthur Leonel Young hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. — — Lee M. D. was the Midwife medical attendant at the birth of said Arthur Leonel Young and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Martha Bell Young
P. O. Address 1629 Garden St., Santa Barbara Calif.

Subscribed and sworn to before me this 11th day of September, 1939

Myrtle L. Smith
Notary Public.

Residing at Santa Barbara California, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 395-021-044-465

283110

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Washington

City of Indian Valley

No. ——— St. ———

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 15 1939

Registration District No. ..... State File No. 283110

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eleanore Rose Lindsay

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Feb. 21, 1899 ~~193~~ (Month, Day, Year)

FATHER

9. Full name Charles Benton Lindsay

10. Residence (usual place of abode) (If non-resident, give place and State) Indian Valley

11. Color or race white | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Sonoma County (State or Country) California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer and carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work Feb. 21, 1899 ~~19~~

17. Total time (years) spent in this work 16 yrs.

MOTHER

18. Full maiden name Marian Montrose

19. Residence (usual place of abode) (If non-resident, give place and State) Indian Valley

20. Color or race white | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) Chicago (State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Feb. 21, 1899 ~~19~~

26. Total time (years) spent in this work 13 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ———

28. Number of children of this mother (At time of this birth and including this child) five

(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn X

29. If stillborn, period of gestation ——— months or weeks

30. Cause of stillbirth ——— Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address ———

Give name added from a supplemental report Feb. 21, 1899 (Date of)

Filed 9-15-, 1939

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whatcom } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marian Montrose Lindsay being first duly sworn says that she is the mother of Eleanore Rose Lindsay
(Relationship of child)*

born February 21, 1899 at Indian Valley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eleanore Rose Lindsay hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Anna Wilkerson ~~M. D.~~ was the Midwife ~~medical attendant~~ at the birth of said Eleanore Rose Lindsay and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Marian Montrose Lindsay
P. O. Address 714-12th St. Bellingham

Subscribed and sworn to before me this 12th day of September, 1939

John Lampkin Jr.
Notary Public

Residing at Bellingham, ~~Idaho~~ Washington.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH
County of Adams
City of Meadows
No. ..... St.

AUG 29 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283129

Registration District No. ..... State File No. .....

(If born in hospital or institution give name) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oscar Kruger Laib

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov 29, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Frank Laib	18. Full maiden name: Stella Frances Swetnam
10. Residence (usual place of abode) (If non-resident, give place and State): Meadows, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Meadows, Idaho
11. Color or race: White 12. Age at last birthday: 35 (years)	20. Color or race: White 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): New London, Wisconsin	22. Birthplace (city or place) (State or Country): Chariton Co Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Timber worker	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: In timber or woods	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: To date, 19.... 17. Total time (years) spent in this work: 6 yrs	25. Date (month and year) last engaged in this work: to date, 19.... 26. Total time (years) spent in this work: 9 years

What prophylactic was used to prevent Ophthalmia Neonatorum? nothing

Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead - (c) Stillborn -

If stillborn, period of gestation none months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 8P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., must make this return.

(Signed) Stella Frances Laib, Mother ~~M. D.~~
or ....., Midwife
Address R.F.D. New Meadows, Idaho.

Name added from a supplemental report ..... (Date of)

..... Registrar.

Filed AUG 29 1939 193.... ..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Adams } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stella Frances Laib being first duly sworn says that she is the mother of Oscar Kruger Laib
(Relationship of child)*

born November 29,1899 at Breckenridge, Colorado, ~~Idaho~~,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Oscar Kruger Laib hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Burnheimer ~~M. D.~~ Midwife was the medical attendant at the birth of said Oscar Kruger Laib and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Stella Frances Laib

P. O. Address New Meadows, Idaho

Subscribed and sworn to before me this 22nd day of August, 19 39

Matilda Moser
Clerk District Court ~~Notary Public.~~

Residing at Council, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

757-120-029-613

1. PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED SEP 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283159

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Milton Pearce

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth April 20, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Madison Pearce	18. Full maiden name India Walker Pearce
10. Residence (usual place of abode) Kendrick, Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Kendrick, Idaho. (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race White | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) Princeton, (State or Country) Kentucky	22. Birthplace (city or place) DesMoines, Iowa (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife,
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work April 20 1899 | 17. Total time (years) spent in this work four	25. Date (month and year) last engaged in this work April 20, 1899 | 26. Total time (years) spent in this work Seven

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Sept. 11, 1939

Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Madison Pearce being first duly sworn says that he is the Father of James Milton Pearce
(Relationship of child)*

born April 20th 1899 at Kendrick, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that James Milton Pearce desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Milton Pearce hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. A. F. Wohlenberg M. D. was the ~~Midwife~~ medical attendant at the birth of said James Milton Pearce and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant James Madison Pearce
P. O. Address 129 King St. Wallace, Idaho.

Subscribed and sworn to before me this 18th day of August, 1939

Elsie M. Ryan
Notary Public.

Residing at Wallace, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 137-211-033-795

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283164

Registration District No. 630 State File No.

Prim. Registration District No. 2178 Local Registrar's No. 168

1. PLACE OF BIRTH
County of Madison
City of Rexburg, Idaho
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Isabella McGarry

3. Sex Female

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term ✓

7. Legitimate?

8. Date of birth Nov. 11, 1899 (Month, Day, Year)

FATHER

9. Full name Henry McGarry

10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Ida

11. Color or race white | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Brockville, Ontario Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farming

16. Date (month and year) last engaged in this work ..., 19..

17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Isabella Grieve McMillan

19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Ida

20. Color or race white | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Murray, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ..., 19..

26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor ; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.

or Mrs Wiley , Midwife

Address

Filed 9-7-, 1939 Mrs H Heyoung Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Isabella McGarry being first duly sworn says that she is the mother of Isabella McGarry Hargrave
(Relationship of child)*

born Nov. 11, 1899 at Rexburg, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Isabella McGarry Hargrave hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Wiley M. D. was the Midwife medical attendant at the birth of said Isabella McGarry Hargrave and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Isabella McGarry
P. O. Address Rexburg, Ida

Subscribed and sworn to before me this 5 day of December, 1939

Notary Public.
Residing at Rexburg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A157 117 033-993

284 232

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 15 1939

Registration District No. ..... State File No. 284232

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lorenzo R. Jeppesen

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... **Full term** .....

7. Legitimate? Yes

8. Date of birth Jan 17 ~~193~~ 1899 (Month, Day, Year)

FATHER

9. Full name Rasmus Nelson Jeppesen

10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Ida

11. Color or race W | 12. Age at last birthday 86 (years)

13. Birthplace (city or place) Brigham city (State or Country) Boulder co Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Eleanor Camille Ricks

19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Ida

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Logan (State or Country) Cache co Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) four

(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or [illegible], Midwife

Address Rexburg Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed SEP 15 1939, 193.....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of MADISON } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rasmus Nelson Jeppesen being first duly sworn says that he is the father (Relationship of child)* of Lorenzo R. Jeppesen born January 17, 1899 (Date of birth) at Rexburg, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lorenzo R. Jeppesen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Christena Waltz ~~XXXXX~~ was the Midwife medical attendant at the birth of said Lorenzo R. Jeppesen and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Rasmus Nelson Jeppesen
Rasmus Nelson Jeppesen
P. O. Address Rexburg, Idaho.

Subscribed and sworn to before me this fifth day of October, 19 39.

Archie A. Kennedy Notary Public
Residing at Blackfoot, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 532-220 007-249

285360

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 23 1939

Registration District No. ..... State File No. 285360

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Blaine
City of Bellevue
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Anna Mae Eckert.

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Aug 20th, ~~193~~ 1899 (Month, Day, Year)

FATHER

9. Full name Francis Elmer Eckert.
10. Residence (usual place of abode) (If non-resident, give place and State) Bellevue, Ida
11. Color or race White | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Terre Haute Ind.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work 1899, ~~19~~
17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Margret Freman Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Bellevue, Ida
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Granby. Newton Co. Mo

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work 1899, ~~19~~
26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 8, a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report Francis Elmer Eckert (Date of)

RECEIVED

Filed OCT 23 1939 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Jerome } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Eckert being first duly sworn says that she is the mother of Anna Mae Eckert
(Relationship of child)*

born Bellevue Idaho ~~at~~ on Aug 20, 1899, ~~[illegible]~~
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Anna Mae Eckert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Heber Stanfield ~~M.D.~~ Midwife was the medical attendant at the birth of said Anna Mae Eckert and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Margret Eckert
P. O. Address Jerome Idaho

Subscribed and sworn to before me this 21st day of October, 1939

Estella H. Pierce
Notary Public.

Residing at Jerome Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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2 11 525

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 27 1939

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 4th + Wallace St.
(If born in hospital or institution give name.)

Registration District No. 20 State File No. 286525
Prim. Registration District No. 1051 Local Registrar's No. 379

2. FULL NAME OF CHILD Edward Leigh McCarty

3. Sex M | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term X | 7. Legitimate? Yes | 8. Date of birth July 6, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward A. McCarty	18. Full maiden name Mary E. Hackett
10. Residence (usual place of abode) (If non-resident, give place and State) 4th + Wallace	19. Residence (usual place of abode) (If non-resident, give place and State) 4th + Wallace
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Saginaw Michigan	22. Birthplace (city or place) (State or Country) Saginaw Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber and	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Loans	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work July 1899	25. Date (month and year) last engaged in this work July 1899
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) [Dr. Robt. Sabin], M. D.
or Mary E. McCarty, mother, ~~Midwife~~
Address 1006 Sherman Ave
Filed 11-26, 1939 H. L. Newcombe, M.D.
Registrar.

RECEIVED
NOV 27 1939

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary E. McCarty being first duly sworn says that she is the mother (Relationship of child)* of Edward Leigh McCarty born July 6, 1899 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edward Leigh McCarty hereto attached are true and correct ~~as stated~~ therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Robert Sabin M. D. was the ~~Midwife~~ medical attendant at the birth of said Edward Leigh McCarty and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary E. McCarty
P. O. Address 1006 Sherman Ave., Coeur d'Alene, Idaho

Subscribed and sworn to before me this 24 day of November, 1939

Jas. A. Foster
~~Notary Public.~~ Clerk of the ~~District Court~~ Ex-Officio Auditor and Recorder
By Ardath Bakke Deputy
~~Residing at~~, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

633 106040 592

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 8 1939

Registration District No. _____ State File No. 286543

Prim. Registration District No. _____ Local Registrar's No. 363

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Wesley Otterson

3. Sex M

If plural births { 4. Twin, triplet, or other — ; 5. Number, in order of birth —

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth Nov. 6, 1899 (Month, Day, Year)

9. Full name Ole Christian Otterson (FATHER)

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace

11. Color or race W | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Norway

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dry Goods
16. Date (month and year) last engaged in this work Nov., 1939
17. Total time (years) spent in this work _____

18. Full maiden name Minnie H. Nikolas (MOTHER)

19. Residence (usual place of abode) (If non-resident, give place and State) Wallace

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Berlin Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Nov., 1939
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report —
(Date of)
_____ Registrar.

(Signed) (Dr. Genoway), M. D.
or Minnie H. Otterson mother Midwife
Address 501 Foster Ave., Coeur d'Alene Idaho
Filed 12-5, 1939 H. L. Newcomb M.D. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie H. Otterson being first duly sworn says that she is the mother of John Wesley Otterson
(Relationship of child)*

born Nov. 6, 1899 at Wallace, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Wesley Otterson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Genoway M. D. was the ~~Midwife~~ medical attendant at the birth of said John Wesley Otterson and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Minnie H. Otterson
P. O. Address 501 Foster Ave., Coeur d'Alene, Idaho

Subscribed and sworn to before me this 5th day of Dec, 1939.

Jas. A. Foster
Clerk of the District Court Notary Public.
Residing at ~~Ex-Officio Auditor and Recorder~~, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

134-112-002-849

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288859

FEB 5 1940

Registration District No. 690 State File No. 288859

Reg. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Blaine
City of Clyde
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Arthur Leslie Aldous

3. Sex

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term X

7. Legitimate? yes

8. Date of birth March 12, 1939 (Month, Day, Year)

FATHER

9. Full name William Henry Aldous

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Weber Utah (State or Country) Huntsville Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ..., 19..

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Julia Viola Gugley

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Oxford Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ..., 19..

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor ; During labor

CERTIFICATE OF ATTENDING ~~PHYSICIAN OR MIDWIFE~~ FATHER

I hereby certify that I attended the birth of this child, who was live (Born Alive or Stillborn) at 1 A. m. on the date above stated.

(Signed) William Henry Aldous Father

or Emily Bossinger now ~~Midwife~~ Father

Address Salmon, Idaho

Filed Feb 3, 1940 Alice C. Bellamy Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS PERMANENT RECORD. N.B.—If more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

WILLIAM HENRY ALDOUS being first duly sworn says that HE is the FATHER of ARTHUR LESLIE ALDOUS
(Relationship of child)*

born MARCH 12, 1899 at CLYDE, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that WILLIAM HENRY ALDOUS desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ARTHUR LESLIE ALDOUS hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that EMILY BASSINGER ~~MXX~~ was the Midwife medical attendant at the birth of said ARTHUR Leslie Aldous and that the said medical attendant is NO, DECEASED
(Now deceased (or) cannot be located)

Name of Affiant William Henry Aldous

P. O. Address SALMON, IDAHO

Subscribed and sworn to before me this 26th day of JANUARY, 19 40

Maurine C. McBride
Notary Public.

Residing at SALMON, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

751 2 2001 243

288 902

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Ada

City of Boise

No. 1404 N. 5th St. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 288902

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Henrietta Marie Peasley (~~Mrs. E. D. Weber~~)

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 12, 1899. (Month, Day, Year)

FATHER	MOTHER
9. Full name ~~Erwin~~ Edwin Henry Peasley	18. Full maiden name Henrietta Catherine Butler
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Willow Creek
11. Color or race W | 12. Age at last birthday ~~71~~ 30 (years)	20. Color or race W | 21. Age at last birthday ~~35~~ 34 (years)
13. Birthplace (city or place) (State or Country) Boise, Idaho	22. Birthplace (city or place) W. Willow Creek Station, Ida (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer & Storage	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living ~~Yes~~ (b) Born alive but now dead ..... (c) Stillborn .....
~~One~~ 2

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 730 (Born Alive or Stillborn) at A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report Dr. Dubois (Deceased)

(Date of) .....

Registrar.

(Signed) E. H. Peasley, Father

or ....., Midwife

Address .....

Filed Feb, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....
County of..... } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

.....is the.....of.....
(Relationship of child)*

born..... at....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said.....

.....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that.....M. D. was the Midwife medical attendant at the birth of said.....and that the said medical attendant is.....
(Now deceased (or) cannot be located)

Name of Affiant E. H. Casey

P. O. Address Boise, Idaho

Subscribed and sworn to before me this 17 day of February, 1940

G. R. Sullivan
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A315 7102039-251

289916

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B. case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Potlatch
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 23 1940

289916

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edwin Cassanagh

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth April 2, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Joseph William Cassanagh	18. Full maiden name Mary Elizabeth Keton
10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 41 (years)	20. Color or race white | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) Cascade (State or Country) Iowa	22. Birthplace (city or place) Kansas City, Mo. (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
16. Date (month and year) last engaged in this work still, 19..... | 17. Total time (years) spent in this work 23 years	25. Date (month and year) last engaged in this work still, 19..... | 26. Total time (years) spent in this work 12 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother six (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Feb, 1940 ..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

FEB 29 1940

State of WASHINGTON
County of Asotin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Elizabeth Cavanaugh being first duly sworn says that she is the mother of Edwin Cavanaugh
(Relationship of child)*

born April 2nd, 1899 at Potlatch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edwin Cavanaugh hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no ~~M. D. was the midwife~~ medical attendant at the birth of said Edwin Cavanaugh ~~and that the said medical attendant is~~
(Now deceased (or) cannot be located)

Name of Affiant Mary Elizabeth Cavanaugh
P. O. Address Clarkston, Washington

Subscribed and sworn to before me this 19th day of February, 1940

Notary Public.
Residing at Clarkston, Washington, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

249 114 001 142

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289968

1. PLACE OF BIRTH
County of Ada
City of Middleton
No. ranch St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 289968
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jesse Lloyd Smith

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth April 14, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Lee Smith	18. Full maiden name Kate M Justus
10. Residence (usual place of abode) (If non-resident, give place and State) Middleton Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Middleton Ida
11. Color or race White | 12. Age at last birthday 31 (years)	20. Color or race White | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Bruno Idaho	22. Birthplace (city or place) (State or Country) Prescott Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Construction Work	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work May, 1924	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work 24	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of Stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11 a m, on the date above stated.

(Signed) Kate M Smith Mother, ~~M. D.~~
or ..... ~~Midwife~~
Address Monterey Park R.A. Calif.
Filed 180, 19 Mrs Elizabeth ..... Registrar.
Mar. 5, 1940 Mae G. Ockwood Reg. Bur. of Vit. St.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

289968

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Kate M. Smith being first duly sworn says that she is the mother of Jesse Lloyd Smith
(Relationship of child)*

born April 14, 1899, at Middletown (Ada County), Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jesse Lloyd Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hall M. D. was the ~~midwife~~ medical attendant at the birth of said Jesse Lloyd Smith and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Kate M. Smith.

P. O. Address 130 N. Elizabeth Ave., Monterey Park Calif.

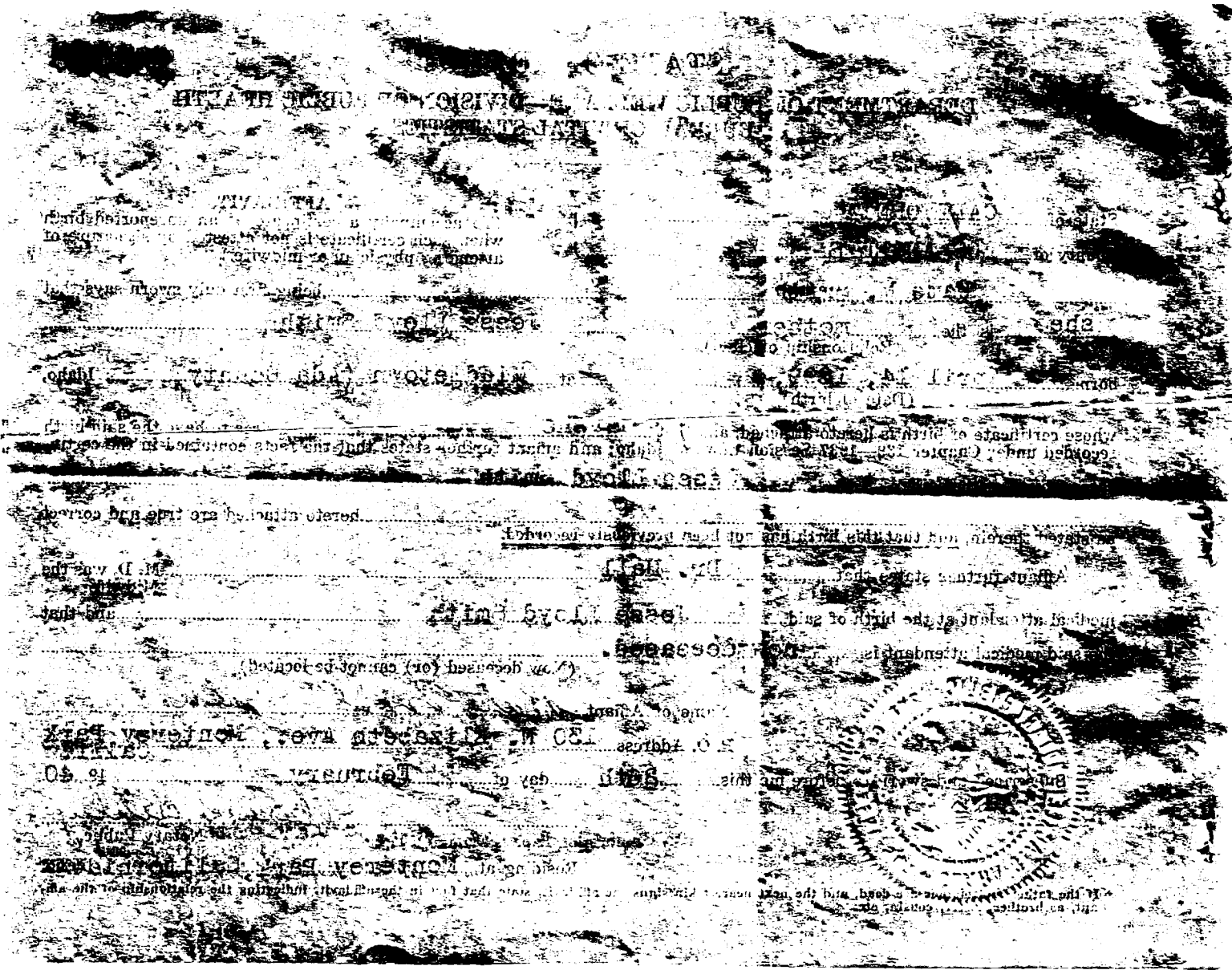
Subscribed and sworn to before me this 26th day of February, 19 40

Clara J. Mahley
Notary Public.

My Commission Expires March 21, 1941 NOTARY PUBLIC

Residing at Monterey Park, California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



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290003

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290003

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Lilly St.
(If born in hospital or institution give name.)

RECEIVED MAR 11 1940

2. FULL NAME OF CHILD Henrietta May Armstrong

3. Sex: female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Dec. 31st 1899 (Month, Day, Year)

FATHER

9. Full name James Sylvester Armstrong

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho

11. Color or race white 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Quinton (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Newspaper office

16. Date (month and year) last engaged in this work Dec. 31st, 1899

17. Total time (years) spent in this work 7 years

MOTHER

18. Full maiden name Eva Etta Hyde

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho

20. Color or race white 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Sioux Falls (State or Country) South Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Dec. 31st 1899

26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3:30 A.m. on the date above stated.

(Signed) Eva E Armstrong, ~~M.D.~~

~~or~~ Mother, ~~M.D.~~

Address Dunsmuir, California.

Filed Mar 11, 1940 Mae G. Atwood Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

390003

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Jackson } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eva E. Armstrong, being first duly sworn says that she is the Mother of Henrietta May Armstrong, who was
(Relationship of child)*
born December 31st, 1899 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Henrietta May Armstrong hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Hamilton ~~XXX~~ was the Midwife medical attendant at the birth of said Henrietta May Armstrong, and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Eva E Armstrong
P. O. Address Dunsmuir, California

Subscribed and sworn to before me this 8th day of March, 19 40.

Harry C Thyman
Notary Public for Oregon.
Residing at Medford, Oregon, ~~XXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires: Oct. 12, 1943.

352-225 001-316

290-10

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290010

Registration District No. 371 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Vera Marie Leslie

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth July 25, 1899 (Month, Day, Year)

FATHER

9. Full name John Leslie

10. Residence (usual place of abode) (If non-resident, give place and State) Star, Idaho

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Shotley Bridge England or Scotland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Daisy Frances Lawrence

19. Residence (usual place of abode) (If non-resident, give place and State) Star, Idaho

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Boise, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother First child (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Premature (Born Alive or Stillborn) at 4 m. on the date above stated.

(Signed) O W Hall, M. D.

or ..... Midwife

Address Meridian Idaho

Filed 3-13, 1940 N. Sharp Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

231 126 035 266

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 221 State File No. 290105

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elmer Howard Starr

3. Sex Male

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth June 26 1899 (Month, Day, Year)

FATHER

9. Full name William C. Starr

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday (years)

13. Birthplace (city or place) (State or country) Lenton Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Eva E. Bowman

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or country) Harren Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. home wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Feb 22, 1920

26. Total time (years) spent in this work 42 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.

or Mrs. Martha [illegible], Midwife

Address

Give name added from a supplemental report

(Date of)

Registrar.

Filed March 11, 1940 Mary B. M. [illegible]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Idaho

(If born in hospital or institution give name.)

REGISTERED

APR 4 1940

STATE OF IDAHO 291031
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291031

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leonidas Alexander Howry

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 12, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: David Elmer Howry	18. Full maiden name: Minnie Hodgin
10. Residence (usual place of abode) (If non-resident, give place and State): Meridian, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Meridian, Idaho
11. Color or race: White | 12. Age at last birthday: 26 (years)	20. Color or race: White | 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or Country): Putnam County, Missouri	22. Birthplace (city or place) (State or Country): Cedar County, Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: None but farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Feb. 12, 1899	25. Date (month and year) last engaged in this work: Feb. 12, 1899
17. Total time (years) spent in this work: 15	26. Total time (years) spent in this work: 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I am the mother of this child, who was Born Alive at 2 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Minnie Hopper, M.D.

or Mother, Midwife

Address Loon Lake, Washington.

Give name added from a supplemental report .....
(Date of)

Filed April, 1940

Registrar.

Registrar.

STATE OF IDAHO

291031

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WASHINGTON
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MINNIE CRIPPEN, formerly Minnie Howry, being first duly sworn says that she is the mother (Relationship of child)* of Leonidas Alexander Howry born February 12th, 1899, (Date of birth) at Meridian, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leonidas Alexander Howry hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Zanner was the Midwife medical attendant at the birth of said Leonidas Alexander Howry and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Minnie Crippen
P. O. Address Loon Lake, Washington.

Subscribed and sworn to before me this 2nd day of April, 1940.

Notary Public.

Residing at Spokane, Washington.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

536 - 2 - 2 - 296

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 10 1940

1. PLACE OF BIRTH
County of Idaho
City of John Day Creek
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 291043
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rosemary Elfers

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Dec 19, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Henry Jurdin Elfers	18. Full maiden name: Capitola Lois Brock
10. Residence (usual place of abode) (If non-resident, give place and State): John Day, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): John Day Idaho
11. Color or race ..... 12. Age at last birthday 24 (years)	20. Color or race ..... 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country): John Day Creek Idaho (Idaho County)	22. Birthplace (city or place) (State or Country): Near Annamosa, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive ~~or Stillborn~~) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) X ..... Father ~~or~~ Mother ~~Midwife~~
or Capitola Lois Elfers
Address Henry Jurdin Elfers
Filed apr, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

291043

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho.
County of Idaho. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Capitola Lois Elfers being first duly sworn says that she is the mother (Relationship of child)* of Rosemary Elfers born Dec. 19th. 1899 (Date of birth) at John Day creek, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Rosemary Elfers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Mary R Hett, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Rosemary Elfers and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Capitola Lois Elfers.

P. O. Address Lucile. Idaho

Subscribed and sworn to before me this 24 day of Mar, 1940

Lloyd Bash
Notary Public.

Residing at Lucile, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

241-124-003-434

1. **PLACE OF BIRTH**

County of Bannock

City of Soda Springs

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 6 1940

CERTIFICATE OF BIRTH 291118

Registration District No. ..... State File No. .....

Prim. Registration District No. 570 Local Registrar's No. 46

2. **FULL NAME OF CHILD** ~~George Richard Small~~

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	July 24 ~~1899~~ 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George Richard Small	18. Full maiden name: Susie McDermott
10. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs	19. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs
11. Color or race: W 12. Age at last birthday: 48 (years)	20. Color or race: W 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): ~~New York~~	22. Birthplace (city or place) (State or Country): ~~Fr. Leon Neb.~~ Shirlin, Ill
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Dray	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5AM m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Ellis Kackley, M. D.

Dr. Ellis Kackley

or ....., Midwife

Address Soda Springs, Idaho

Filed March 31, 1940 By Russell Tigert Registrar.

349-108 029 319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

292204

RECEIVED APR 25 1940

Registration District No. 000 State File No. 292204
Prim. Registration District No. ..... Local Registrar's No. 1083

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Washington St.
Home:
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Vern Curtis

3. Sex Boy
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Aug 8, 1899 (Month, Day, Year)

FATHER
9. Full name Sylvester George Curtis
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Iowa
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. News Stand
16. Date (month and year) last engaged in this work Aug 8, 1899
17. Total time (years) spent in this work 20 yr

MOTHER
18. Full maiden name Minnie Cain
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Aug 8, 1899
26. Total time (years) spent in this work 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known
28. Number of children of this mother (At time of this birth and including this child)
two
(a) Born alive and now living two (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 a m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) W. A. Adair, M. D.
or ..... Midwife
Address Now deceased
Filed 4-24, 1940 [illegible] Registrar

Give name added from a supplemental report .....
(Date of)
..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

APR 25 1940

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie Curtis being first duly sworn says that she is the mother of George Vern Curtis
(Relationship of child)*

born August 8, 1899 at ~~near Independence, Iowa~~ Moscow, Idaho, ~~Idaho~~
(Date of birth)

whose certificate of birth is hereto attached, and that George Vern Curtis desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Vern Curtis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. A. Adair M. D. was the ~~Midwife~~ medical attendant at the birth of said George Vern Curtis and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant (Minnie Curtis) Minnie Curtis

P. O. Address Moscow, Idaho

Subscribed and sworn to before me this 24th day of April, 19 40

Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

292269

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 292269

Prim. Registration District No. 140 Local Registrar's No. 88

1. PLACE OF BIRTH
County of Shoshone
City of Gem
No. 395 122-040-413 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Samuel Jennings Linn

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Feb 22-1898 (Month, Day, Year)

9. Full name FATHER Ole H Linn

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace

11. Color or race W | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Sweeden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 8

18. Full maiden name MOTHER Anna K Mattson

19. Residence (usual place of abode) (If non-resident, give place and State) Wallace

20. Color or race W | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Sweeden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or ~~Stillborn~~) at 7 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Miss Florence Mogstad, Midwife
Address .....
Filed May 7, 1898 John A. Bever Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at birth a Separate Return must be made for each, and the in order of birth stated.

292269

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

S. H. Linn being first duly sworn says that He is the Uncle (Relationship of child)* of Samuel J. Linn born Feb. 22-1899 (Date of birth) at Gem, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Samuel J. Linn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Charlotte Mogstad ~~M.D.~~ Midwife was the medical attendant at the birth of said Samuel J. Linn and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant S. H. Linn
P. O. Address Wallace Idaho

Subscribed and sworn to before me this 6 day of May, 1940

Elizabeth E Ward
Notary Public.
Residing at Wallace Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695-201-007-313

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 11 1940

CERTIFICATE OF BIRTH

292313

Registration District No. ..... State File No. .....

Prim. Registration District No. 570 Local Registrar's No. 52

1. PLACE OF BIRTH
County of Bannock
City of Soda Springs, Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Letta Violet Winschell

3. Sex Female

If plural births { 4. Twin, triplet, or other —
5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth February 1, 1899 (Month, Day, Year)

FATHER

9. Full name William Winschell

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Terre Haute-Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Driver and Freighter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 19 Years

MOTHER

18. Full maiden name Dora Cates

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race white 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Salem-Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 19 Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrat of Silver

28. Number of children of this mother (At time of this birth and including this child) Nine
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn —

29. If stillborn, period of gestation — { months — or weeks —

30. Cause of Stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 2 a. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Ellis Rankin, M. D.

or ....., Midwife

Address Soda Springs

Filed April 9, 1940 Dr. Russell Tigert
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A53-123 029-695

County of Latah

City of Moscow, Idaho

No. 300 Block on South side of East Second St.

(If born in hospital or institution give name.)

RECEIVED MAY 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293305

293305

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Floyd Dean Kelly

3. Sex Male | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 23 1899 (Month, Day, Year)

FATHER

9. Full name Benjamin Franklin Kelly

10. Residence (usual place of abode) (If non-resident, give place and State) Same as above

11. Color or race White | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Tennessee

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. His own store

16. Date (month and year) last engaged in this work Jan. 23, 1899

17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Nannie French

19. Residence (usual place of abode) (If non-resident, give place and State) same as above

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Near Reidsville, North Carolina

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Jan. 23, 1899

26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed May, 1940

Registrar.

203305

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 16 1940

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Walter French being first duly sworn says that he is the uncle (Relationship of child)* of Floyd Dean Kelly born January 23, 1899 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Floyd Dean Kelly hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. K. Hinkle, M. D., ~~was the Midwife~~ was the medical attendant at the birth of said Floyd Dean Kelly and that the said medical attendant ~~is~~ cannot be located. (Now deceased (or) cannot be located)

Name of Affiant Walter French
P. O. Address E. 1027 Lincoln Ave Spokane Wn

Subscribed and sworn to before me this 6 day of May, 1940

Robert W. Dunn
Notary Public.

Residing at Spokane, Wash. ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 18 1940

STATE OF IDAHO 293365
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293365

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. A446-108 046-819 St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Martin Charles Duffy Jr.

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct 8, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Martin Charles Duffy	18. Full maiden name Mary Ellen Harraughty
10. Residence (usual place of abode) (If non-resident, give place and state) Wardner ~~Idaho~~	19. Residence (usual place of abode) (If non-resident, give place and State) Wardner ~~Idaho~~
11. Color or race ..... 12. Age at last birthday 39 (years)	20. Color or race ..... 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Mayo Co. Ireland.	22. Birthplace (city or place) (State or Country) Doncgal Co. Ireland.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....
Registrar.

Filed May, 1940 .....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 18 1940

State of Nevada
County of White Pine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that .....is the brother (Relationship of child)* of Martin Charles Duffy born Oct 8 1899 (Date of birth) at Wardner Idaho, Idaho, whose certificate of birth is hereto attached, and that Martin C Duffy desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Martin Charles Duffy .....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is ..... (Now deceased (or) cannot be located)

Name of Affiant James J Duffy (brother)
P. O. Address Box 925, Ely Nev

Subscribed and sworn to before me this 9th day of May, 1940

J M Buckley
MY COMMISSION EXPIRES NOV. 24, 1943 Notary Public.

Residing at Ely, Nevada, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

293376

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 29 1940

CERTIFICATE OF BIRTH

293376

Registration District No. 220 State File No.
Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St.
793-111-035-234
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dudley Alonzo Gilman

3. Sex Male

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Feb 11, 1899 (Month, Day, Year)

FATHER

9. Full name Dudley Gilman

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho

11. Color or race w | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Frances Levenia Sturgon

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho

20. Color or race w | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Pennsylvania

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor ; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Frances L Gilman, ~~M. D.~~
or (Mother), ~~Midwife~~
Address 2012-8th Ave. Lewiston Idaho

Filed May 28, 1940 Mae M Brown M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

293376

~~293379~~

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 29 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frances L Gilman being first duly sworn says that she is the mother (Relationship of child)* of Dudley Alonzo Gilman born February 11, 1899 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that Frances L. Gilman desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dudley Alonzo Gilman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said Dudley Alonzo Gilman and that the said medical attendant is unknown. (Now deceased (or) cannot be located)

x Name of Affiant Frances L Gilman

P. O. Address 2012-8th Avenue Lewiston Idaho

Subscribed and sworn to before me this 28th day of May, 1940.

~~Notary Public.~~

Residing at ....., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

By L. Du[illegible], Deputy

A361125001-433

293403

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise, Idaho

No. 8th St.

(If born in hospital or institution give name.)

RECEIVED MAY 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293403

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Mathew Coak

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 6th

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth 2-25-1899 ~~1898~~ * (Month, Day, Year)

FATHER

9. Full name George J. Coak

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race White 12. Age at last birthday 71 ~~30~~ (years)

13. Birthplace (city or place) (State or Country) Jackson County, Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mechanic

16. Date (month and year) last engaged in this work 4-20, ~~1929~~

17. Total time (years) spent in this work ~~50 yrs.~~

MOTHER

18. Full maiden name Susanna McCandless

19. Residence (usual place of abode) (If non-resident, give place and State) Boise

20. Color or race White 21. Age at last birthday ~~69~~ 28 (years)

22. Birthplace (city or place) (State or Country) Pittsburgh Penn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work 1-28, ~~1940~~

26. Total time (years) spent in this work ~~50 yrs.~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Midwife

28. Number of children of this mother (At time of this birth and including this child) Five

(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn None

29. If stillborn, period of gestation None { months or weeks

30. Cause of stillbirth * { Before labor * During labor *

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 p m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or Father, ~~Midwife~~

Address 8th Street Boise City, Idaho

Give name added from a supplemental report

(Date of)

Filed May, 1940

Registrar.

Registrar.

DELAYED

STATE OF IDAHO

293403

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Michigan
County of Jackson } ss

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George J. Coak being first duly sworn says that he is the Father (Relationship of child)* of John Mathew Coak born 2-25-1899 (Date of birth) at Boise City, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Mathew hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Barbara Fisher McCandless, ~~M.D.~~, was the Midwife ~~medical~~ attendant at the birth of said John Mathew Coak and that the said Midwife ~~medical~~ attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant George J. Coak
P. O. Address 425 Chestnut Street Jackson, Mich.

Subscribed and sworn to before me this 22nd day of May, 1940

George A. Campbell
Notary Public.
My comm. Expires 2-2-43
Residing at Jackson County, Michigan

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A393 123035 744

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293408

Registration District No. ..... State File No. 293408

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lapwai
No. — St.
At Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wesley Newton Sile

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth June 23, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Squire Newton Sile	18. Full maiden name: Ida May Armstrong
10. Residence (usual place of abode) (If non-resident, give place and State): Lapwai Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Lapwai Idaho
11. Color or race: White 12. Age at last birthday: 29 (years)	20. Color or race: White 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Umatilla Oregon	22. Birthplace (city or place) (State or Country): California
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work: around 22	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work: 5-0

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (7) seven (At time of this birth and including this child) 4 four
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed May, 1940

Registrar.

Registrar.

STATE OF IDAHO

293408

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida May Lile being first duly sworn says that She is the Mother (Relationship of child)* of Wesley Newton Lile born ~~Lapwai~~ June 23 1899 (Date of birth) at Lapwai, Idaho, whose certificate of birth is hereto attached, and that Ida May Lile desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wesley Newton Lile hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Wm Albert Long, ~~M.~~ D., was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Ida M Lile

P. O. Address Black Diamond Washington

Subscribed and sworn to before me this 29th day of May, 1940

F. L. Grange
Notary Public.

Residing at Black Diamond, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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Indicating

652-115 029-213

WRITE PLAINLY WITH UNFADING INK—THIS RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293481

RECEIVED JUN 14 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 165

1. PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St. At Home

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Archie Floyd Weatherby (Davis)

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth April 15, 1899 (Month, Day, Year)

FATHER

9. Full name John Tyler Weatherby

10. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta

11. Color or race W | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Elizabeth Kalke

19. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10:00 a. m. on the date above stated.

(Signed) Elizabeth Weatherby Davis, M. D.

or Mother, Midwife

Address 328 W. 16th St. Coeur d'Alene Ida

Filed June, 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

293481

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Elizabeth Weatherby Davis being first duly sworn says that she is the mother of Archie Floyd Weatherby (Davis)
(Relationship of child)*

born April 15, 1899 (Date of birth) at Juliaetta, Idaho,

whose certificate of birth is hereto attached, and that Archie Floyd Weatherby (Davis) desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Archie Floyd Weatherby (Davis) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Plemmen M. D. was the Midwife medical attendant at the birth of said Archie Floyd Weatherby (Davis) and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant x Elizabeth Weatherby Davis
P. O. Address Box 844 COEUR D'ALENE, IDAHO

Subscribed and sworn to before me this 13 day of June 1940

Clerk of the District Court
Ex-Officio Auditor and Recorder
Jas. A. Foster
By Jos. C. White, Deputy
~~Notary Public.~~
Residing at ~~, Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294691

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294691

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Blaine

City of Soldier

No. 864 715 007 414 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Allen Young

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Dec. 15, 1899 (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	John Alfred Young		Sadie May Daugherty
10. Residence (usual place of abode) (If non-resident, give place and State)	Soldier, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State)	Soldier, Ida.
11. Color or race	W	20. Color or race	W
12. Age at last birthday	36 (years)	21. Age at last birthday	26 (years)
13. Birthplace (city or place) (State or Country)	Near Clinton, Missouri	22. Birthplace (city or place) (State or Country)	Keokuk, Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	....., 19.....	25. Date (month and year) last engaged in this work	....., 19.....
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Second (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10:00 (Born Alive or Stillborn) at P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Hannah Gardner, Midwife

Address Boise, Idaho

Filed July 2, 1940 Mae G. Atwood State Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of Teigue
No. Rural St.
743 118 022 343
(If born in hospital or institution give name.)

RECEIVED JUL 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294774

CERTIFICATE OF BIRTH

294794

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eugene Marlborough Cutler

3. Sex Male
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Full
7. Legitimate? yes
8. Date of birth Sept 18, ~~193~~ 1899 (Month, Day, Year)

FATHER

9. Full name William Cutler
10. Residence (usual place of abode) (If non-resident, give place and State) Teigue Idaho
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) West Jordan (State or Country) Salt Lake Co. Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining
16. Date (month and year) last engaged in this work Oct, ~~19~~ 1898
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Tiny Serra Smith Cutler
19. Residence (usual place of abode) (If non-resident, give place and State) Teigue Idaho
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Beaver Dam (State or Country) Hanover Co. Virginia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ~~Home~~ H. W.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ~~None~~ Home
25. Date (month and year) last engaged in this work None, 19.....
26. Total time (years) spent in this work None

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother ~~One~~ Two. (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or ~~Stillborn~~) at 2, P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) ..... M. D.
or * William Cutler Father, ~~Midwife~~
Address Pinnacle Utah.
Filed May, 1940
Registrar.

294794

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Iron } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Cutler being first duly sworn says that is the Father (Relationship of child)* of Eugene Marlborough Cutler born Sept 16, 1899 (Date of birth) at Kelgore, Idaho, whose certificate of birth is hereto attached, and that Eugene M Cutler desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**, and affiant further states that the facts contained in the certificate of birth of the said Child Eugene Marlborough Cutler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Deoge Mortenson, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Eugene Marlborough Cutler and that the said medical attendant is Deceased.
(Now deceased (or) cannot be located)

Name of Affiant William Cutler
P. O. Address Centuria Utah

Subscribed and sworn to before me this 19 day of May 1940

Clarence E Miller
Notary Public.
Residing at Cedar City Utah Idaho.
My commission expires Jan 8, 1944

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City or Town Forest
No. 796 704 035 553 St.
(If born in hospital or institution give name)

RECEIVED JUL 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

2 94808

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294808
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lester ~~Hoowman~~ Nelson Provost

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Aug 4, ~~1939~~ 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Marlin Provost	18. Full maiden name Adena E Nelson
10. Residence (usual place of abode) (If non-resident, give place and State) Forest Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Forest-Idaho
11. Color or race white 12. Age at last birthday 29 (years)	20. Color or race white 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Decorah Iowa	22. Birthplace (city or place) (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper in own home
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ~~Sept~~, ~~1925~~	25. Date (month and year) last engaged in this work ~~Sept~~, ~~1939~~
17. Total time (years) spent in this work ~~4 D~~	26. Total time (years) spent in this work ~~4 5~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Julia Nelson Reeves, ~~M. D.~~
or aunt, ~~Midwife~~
Address Forest Idaho
Filed July 10, 1940 Patricia Burks Deputy Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUL 1 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Julia Nelson Reeves being first duly sworn says that she is the aunt of Lester Newman Provost
(Relationship of child)*

born August 4 1899 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lester Newman Provost hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Carolyn Nelson ~~M. D. was the~~ Midwife medical attendant at the birth of said Lester Newman Provost and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Julia Nelson Reeves
P. O. Address Forest Idaho

Subscribed and sworn to before me this 11th day of December, 1939

C. E. Harris
Notary Public.

Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

INFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a... to Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAIN...

1. PLACE OF BIRTH
County of Blaine
City of Clyde
No. 4269-205 007 769 St.
(If born in hospital or institution give name.)

RECEIVED
JUL 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29494

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Beatrice Ann Bartel

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Feb. 5, 1899 (Month, Day, Year)

9. Full name FATHER William Henry Bartel Jr

10. Residence (usual place of abode) (If non-resident, give place and State) Clyde

11. Color or race white | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Glendale Mass.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Ranch
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work approx. four

18. Full maiden name MOTHER Frances Annie Goddard

19. Residence (usual place of abode) (If non-resident, give place and State) Clyde Idaho

20. Color or race white | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Lubington, England

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... ..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

29494

RECEIVED JUL 5 - 1940

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith M. Bellamy being first duly sworn says that she is the Aunt of Beatrice Ann Bortel
(Relationship of child)*

born February 5, 1899 at Clyde, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Beatrice Ann Bortel hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Emily Basinger ~~M.D.~~ Midwife was the medical attendant at the birth of said Beatrice Ann Bortel and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Edith M. Bellamy
P. O. Address #6 Fargo Apartments, Pocatello, Idaho

Subscribed and sworn to before me this 27th day of June, 19 40

Commission Expires Feb. 26-1943

Edward G. Houde
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Bannock County.

Separate 1 HILLY WITH A

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 11 1940

CERTIFICATE OF BIRTH

294945

Registration District No. 352 State File No.
Prim. Registration District No. Local Registrar's No. 12

1. PLACE OF BIRTH
County of Boise
City of Placerville
No. 962-217 008 3/3 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Zorena Stuart Robison

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? yes | 8. Date of birth March 17th 1899 (Month, Day, Year)

FATHER

9. Full name Ellis Stuart Robison
10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Iowa Penn

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19..
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Elizabeth ~~Robison~~ Cathcart
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Placerville Boise Co Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ..., 19..
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living Three (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation months or weeks
30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

(Signed) Chas E Fairchild, M. D.
or , Midwife
Address
Filed ..., 1940 Iris E S Robison Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
Iris E S Robison (Date of) 7/5 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of multiple births, one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

PLACE OF BIRTH

County of [redacted] Shoshone

City of [redacted]

No. [redacted] Murray St.

315-112-040-653

(If born in hospital or institution give name.)

RECEIVED JUN 21 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294982

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD CHESTER RUFUS LANE

3. Sex: Male

If plural births: 4. Twin, triplet, or other: — ; 5. Number, in order of birth: —

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth: May 12 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: HIRAM BROCK LANE	18. Full maiden name: MARY CYNTHIA FELL
10. Residence (usual place of abode) (If non-resident, give place and State): Murray Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Murray Idaho
11. Color or race: White | 12. Age at last birthday: 58 (years)	20. Color or race: White | 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Prescott, Ontario, Canada	22. Birthplace (city or place) (State or Country): Prescott Ontario Canada
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: miner	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: placer mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: present time, 19	25. Date (month and year) last engaged in this work: present time, 19
17. Total time (years) spent in this work: 12 years	26. Total time (years) spent in this work: whole life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mary C. Lane, M. D.

or ....., Midwife

Address .....

Filed June 21, 1940, 193 May G. Atwood

Registrar.

294982

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 21 1940

State of California
County of San Bernardino } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Cynthia Feel Lane being first duly sworn says that she is the mother of Chester Rufus Lane
(Relationship of child)*
In C L J. M. H.
born May 12th ~~13~~, 1899 at Murray, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Chester Rufus Lane hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that name unknown, M. D., was the ~~Midwife~~ medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Marg. C. Lane
P. O. Address R.F.D. HIGHLAND, CALIFORNIA

Subscribed and sworn to before me this 18 day of June, 1940

James M. Howdon
Notary Public.
Residing at San Bernardino California, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

8-18-41 G. J.

A219 124 035-219

296077

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 23 1940

CERTIFICATE OF BIRTH

296077

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ..... St.
(If born in hospital or institution give name)

Registration District No. 220 State File No. .....
Prim. Registration District No. 96 Local Registrar's No. .....

2. FULL NAME OF CHILD Thomas Leya Barton

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Mar 24, ~~193~~ 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas D. Barton	18. Full maiden name Jennie A. Barton
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho
11. Color or race W. | 12. Age at last birthday ✓ (years)	20. Color or race W. | 21. Age at last birthday — (years)
13. Birthplace (city or place) (State or Country) Indiana	22. Birthplace (city or place) (State or Country) Lewiston Nez Perce
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) Walter Barton D.O., ~~M. D.~~
or ..... (Aunt), ~~Midwife~~
Address 401 - 4th Ave
Filed July 22, 1940 Patricia Burke Deputy Registrar.

Registrar.

WRITE PLAINLY with UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child or birth a separate Return must be made for each, and the number of each in order of birth must be stated.

STATE OF IDAHO

296077

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 23 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mattie Barton Diel being first duly sworn says that she is the aunt (Relationship of child)* of Thomas Beza Barton born March 24, 1899 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that Mrs Diel desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Thomas Beza Barton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Shaff, M. D., was the Midwife medical attendant at the birth of said Thomas Beza Barton and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mattie Barton Diel

P. O. Address 401 - 4th Avenue - Lewiston, Idaho

Subscribed and sworn to before me this 22 day of July, 1940

Philip Neisinger
Notary Public.

Residing at CLERK OF THE DISTRICT COURT AND ~~EX-OFFICIO AUDITOR AND RECORDER~~, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A-163-12-7-001-469

296181

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 31 1940

CERTIFICATE OF BIRTH

296181

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Boise Route #3

No. ..... St.

Box 45

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Raymond Stuart Potter

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Nov. 27, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: David S. Potter	18. Full maiden name: Nettie Morrison
10. Residence (usual place of abode) (If non-resident, give place and State): Dry Creek, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Dry Creek, Ida.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 32 (years)	21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Polk County, Missouri	22. Birthplace (city or place) (State or Country): McDonald County, Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
Third
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 1:30 at A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JUL 31 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Ada

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Nettie M. Potter being first duly sworn says that

She is the Mother of Raymond Stuart Potter
(Relationship of child)*

born November 27, 1899 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Stuart Potter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Belinda Frank, Midwife, M. D., was the Midwife medical attendant at the birth of said Raymond Stuart Potter and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Nettie M. Potter

P. O. Address Santa Anna, California, 802 North Bristol.

Subscribed and sworn to before me this 31st day of July, 19 40

Beth Bandlebury
Notary Public.

Residing at Boise, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

793-207.038-945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296220

CERTIFICATE OF BIRTH

296220

1. PLACE OF BIRTH
County of KOOTENAI
City of Rathdrum
No. ..... St. JUL 31 1940
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MARY FRANCIS PICKETT

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth February 7th 1899 (Month, Day, Year)

FATHER

9. Full name AMASA LENZRO PICKETT

10. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Wisconsin U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Tie Loader

16. Date (month and year) last engaged in this work March, 1899

17. Total time (years) spent in this work 3 months

MOTHER

18. Full maiden name MARY MATHILDA MUNSEY

19. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Cassopolis, Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 20 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary Mathilda Pickett, M. D.
or Mother, Midwife
Address Blaine, Washington.

Give name added from a supplemental report July 29th, 1940 (Date of)

Filed ....., 193.... Mae G. Atwood Registrar.

..... Registrar.

JUL 31 1940

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WASHINGTON
County of WHATCOM } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary M. Pickett being first duly sworn says that she is the Mother (Relationship of child)* of Mary Francis Pickett born February 7th, 1899 (Date of birth) at Rathdrum, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mary Francis Pickett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Bothwick (Midwife), M. D., was the Midwife medical attendant at the birth of said Mary Francis Pickett and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary M Pickett

P. O. Address Blaine, Wash.

Subscribed and sworn to before me this 29th, day of July, 19 40

Robert A. Smith
Notary Public.

Residing at Blaine, Washington, ~~XXXX~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the Affiant, as brother, sister, cousin, etc.**

818-122-009-951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B. one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296337
296337

JUL 31 1940

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Third St.
(If born in hospital or institution give name.)

Registration District No. 200 State File No.
Prim. Registration District No. Local Registrar's No. 1156

2. FULL NAME OF CHILD James Francis Hayward

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth Oct 22, 1899 (Month, Day, Year)

FATHER

9. Full name Frank Hayward

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 46 (years)

13. Birthplace (city or place) Postville, Iowa (State or Country) Alamakee County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work October, 1899

17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Mary Angeline Reavis

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 35 (years)

22. Birthplace (city or place) Cold Camp, Mo. (State or Country) Howard County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, ~~typist, nurse, clerk, etc.~~ Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work October, 1899

26. Total time (years) spent in this work 17

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9: A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.

or Mrs. Taylor (deceased), Midwife

Address

Give name added from a supplemental report Mary A. Hayward (Date of)

Registrar.

Filed July 29, 1940 Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary A. Hayward being first duly sworn says that she is the mother (Relationship of child)* of James Francis Hayward born October 22nd, 1899 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Francis Hayward hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Taylor, ~~M.D.~~, was the Midwife medical attendant at the birth of said James Francis Hayward and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary A. Hayward

P. O. Address 5449 So. Warner, Tacoma Wn.

Subscribed and sworn to before me this 26 day of July, 1940.

C. M. McLure
Notary Public.

Residing at Seattle, Washington. ~~[illegible]~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

483-118-230-445

RECEIVED AUG - 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296359

296359

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Martin Mulcihy

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth June 18, 1899 (Month, Day, Year)

9. Full name — FATHER: Daniel Mulcihy

10. Residence (usual place of abode) (If non-resident, give place and State) Salmon

11. Color or race White 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or country) Clinton, Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work June 18, 1899

17. Total time (years) spent in this work 1 yr

18. Full maiden name — MOTHER: Johanna Fillimina Fredrickera Dunnaback

19. Residence (usual place of abode) (If non-resident, give place and State) Salmon

20. Color or race White 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or country) Cedar Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work June 18, 1899

26. Total time (years) spent in this work 8 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I have known George Martin Mulcihy for 3 yrs

I hereby certify that I attended the birth of this child, who was born alive at ..... on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Herman Frye M. D.

or 154 E. Chestnut St., Walla Walla, Washington Midwife

Address

Give name added from a supplemental report .....

(Date of) .....

Filing Date AUG - 6 1940 Registrar

SUBSCRIBED AND SWORN TO BEFORE ME THIS 31st day of July, 1940

Notary Public

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

261104 035-619

296 407

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG - 9 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296407
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Near Nezperce
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Dublin (Postoffice)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Dublin, Idaho
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** John Raymond Swanson
5. Date of Birth (Month, day, year) Dec. 4, 1899
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles J. Swanson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Batavia, Illinois (City or town) (State or foreign country)
14. Exact Occupation Tinner, Plumber, Farmer
15. Industry or Business Operated Chop Mill at Home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angelet Fairchild
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Not known (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) AUG - 9 1940 (Date received) (b) ....(Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle Swanson Miller, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Raymond Swanson (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Powell (Name of attendant at birth), who attended said birth Is now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle Swanson Miller ....Name
1011 Indiana Ave., Coeur d'Alene, Idaho ....P. O. Address

Subscribed and sworn to before me on this 8th day of August 1940

(SEAL) J. Ray Gulen ....Notary Public, residing at Coeur d'Alene, Idaho

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES APRIL 18, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296686

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Brian (Mohrland)
No. 1253-216-006-354 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frieda Beck

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth January 16, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John W. Beck	18. Full maiden name: Katherina Leutenegger
10. Residence (usual place of abode) (If non-resident, give place and State): Brian	19. Residence (usual place of abode) (If non-resident, give place and State): Brian
11. Color or race: Wh | 12. Age at last birthday: 30 (years)	20. Color or race: Wh | 21. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or Country): Paris, Idaho	22. Birthplace (city or place) (State or Country): Switzerland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) ..... M. D.
or X Mrs. Katharina L. Beck (mother) ~~Midwife~~
Address .....
Filed July 28, 1940
Registrar.

STATE OF IDAHO

296686

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Katherina L. Beck being first duly sworn says that she is the mother (Relationship of child)* of Frieda Beck born January 16, 1899 (Date of birth) at Brian, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frieda Beck hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Munson, ~~M. D.~~ Midwife was the medical attendant at the birth of said Frieda Beck and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Katharina L. Beck

P. O. Address

Subscribed and sworn to before me this 4th day of June, 1940

J. J. Whitney
Notary Public.

RESIDING AT NAMPA, IDAHO
COMMISSION EXPIRES OCTOBER 2

Residing at, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Whitebird

No. A655112 025 453 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG -8 1940

CERTIFICATE OF BIRTH

296737

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leonard Stephen Fenn

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Feb'y. 12, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Stephen S Fenn	18. Full maiden name: Zora A Delmage
10. Residence (usual place of abode) (If non-resident, give place and State): Whitebird, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Whitebird, Ida
11. Color or race: white | 12. Age at last birthday: 31 (years)	20. Color or race: white | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Lewiston, Idaho.	22. Birthplace (city or place) (State or Country): Minneapolis, Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Worked at different lines until moved to	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: taught school 1891-92-93
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: moved to Spokane. Wn in 1924 then 6 yrs in Spokane County Road dept.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Married 1893 and house-keeper in own home since.
16. Date (month and year) last engaged in this work before his death in 1930 ....., 19....	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother four (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Zora A Fenn mother, ~~M. D.~~

or ....., ~~Midwife~~

Address W2023 3rd Ave, Spokane, Wash.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed AUG -8 1940, 193....

Registrar.

STATE OF IDAHO

296737

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zora A Fenn being first duly sworn says that she is the mother (Relationship of child)* of Leonard Stephen Fenn born February, 12, 1899 (Date of birth) at Whitebird, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Leonard Stephen Fenn, ### hereto attached are true and correct **as stated therein, and that this birth has not been previously recorded.**

Affiant further states that Dr W.A. Foskett, M. D., was the ~~Midwife~~ medical attendant at the birth of said Leonard Stephen Fenn and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Zora A Fenn

P. O. Address W2023 Third Ave, Spokane, Wash.

Subscribed and sworn to before me this first day of August, 1940, ####

E. M. Cormick
Notary Public.

Residing at Spokane, Wash., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

119-202-029-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

297874

State File No. 297874
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

AUG 23 1940

1. PLACE OF BIRTH: (a) County Latah (b) City Genesee
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. In THIS county 6 years 4 months 13 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Idaho (b) County Latah
(c) City Genesee - 3 miles east
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Genesee Idaho
3. RESIDENCE OF FATHER (city, state) Genesee Ida now deceased

4. FULL NAME OF CHILD Gladys Leah Jain
5. Date of Birth (Month, day, year) Feb 2 - 1899
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 -
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter F Jain
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Dane Co Wis (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lela M. Lanphear
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Salt River Mich (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 23, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lela M. Jain, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gladys Leah Jain (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Leonard Best (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lela M. Jain — Name
Genesee Ida — P. O. Address

Subscribed and sworn to before me on this 21st day of Aug - 1940

(SEAL) W W Byers — Notary Public, residing at Genesee Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A251-228-028-219

297906
297906

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 22 1940

CERTIFICATE OF BIRTH

Registration District No. 121 State File No.
Prim. Registration District No. Local Registrar's No. 237

1. PLACE OF BIRTH
County of Kootenai
City of Mica
No. — St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Velma Forrest Beavers

3. Sex Female

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ✓ Full term ✓

7. Legitimate? ✓

8. Date of birth Sept. 28 1899 (Month, Day, Year)

FATHER

9. Full name James Morrison Beavers

10. Residence (usual place of abode) (If non-resident, give place and State) Mica - Idaho

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Jefferson County Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work September, 1899

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Etha Maude Barker

19. Residence (usual place of abode) (If non-resident, give place and State) Mica - Idaho

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Clinton County Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work September, 1899

26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
Four
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) Etha Maude Beavers M. D.
or mother Midwife
Address Espanola apts, Spokane, Wash.
Filed 8-17-1940, 193 H. L. Newcomb M.D.
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG 22 1940

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Etha Maude Beavers being first duly sworn says that she is the mother (Relationship of child)* of Velma Forrest Beavers born Sept. 28-1899 (Date of birth) at Mica, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Velma Forrest Beavers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Bertha Babcock, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Velma Forrest Beavers and that the said medical attendant is now deceased. (Now deceased ~~(or) cannot be located~~)

Name of Affiant Etha Maude Beavers
P. O. Address Spokane Wash

Subscribed and sworn to before me this 16th day of august, 1940.

Paul F. Schiffner
Notary Public.

Residing at Spokane, Wash, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

643-207 025-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED AUG 30 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

297990

State File No. 297990
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No. 305 N. Meadow
(d) Name of Hospital or Maternity Home: Parents' Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville,
(d) Street Address or R.F.D. No. 305 N. Meadow
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address Grangeville, Idaho

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lallah Margaret Fulton

5. Date of Birth (Month, day, year) Oct. 7, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Frank Fulton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Westmorland, Co., Penn. (City or town) (State or foreign country)
14. Exact Occupation Attorney and
15. Industry or Business Abstracter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Robinson
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Nez Perce County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead -- (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name [redacted] on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Frank Fulton, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lallah Margaret Fulton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that S. E. Bibby, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert Frank Fulton ..... Name
Grangeville, Idaho ..... P. O. Address

Subscribed and sworn to before me this 30 day of August, 1940

(SEAL) ..... Notary Public, residing at Grangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-230-014 813

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

297995

297995

CERTIFICATE OF BIRTH

RECEIVED AUG 30 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Rural St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Pearl Crystal Rosenlof

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 12-30, ~~193~~ 1899 (Month, Day, Year)

FATHER

9. Full name: Frank Neils Rosenlof

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race: white 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country): Mt. Pleasant Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: on Ranch

16. Date (month and year) last engaged in this work: December, ~~19~~ 1899

17. Total time (years) spent in this work: 4½

MOTHER

18. Full maiden name: Olive Ann Hatfield

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race: White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or country): Appleton Ohio

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: Own home

25. Date (month and year) last engaged in this work: December, ~~19~~ 1899

26. Total time (years) spent in this work: 1½

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol. Ag. nit.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9:30 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.

or ....., Midwife

Address Nampa Ida.

Filed Aug 30 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

Give name added from a supplemental report .....
(Date of)

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

$q = 10^{-4}$

21712-040-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 3 - 1940

298064

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Shoshone (b) City: Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: ~~MICHIGAN~~ Idaho (b) County: ~~WAYNE~~ Shoshone
(c) City: ~~DETROIT~~ Wallace
(d) Street Address or R.F.D. No.: ~~8535 INDIANA~~
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address: ~~ABOVE~~
3. **RESIDENCE OF FATHER** (city, state): ~~DEAD~~

4. **FULL NAME OF CHILD:** ROBERT EDWARDO SAGE
5. Date of Birth (Month, day, year): MAR. 12, 1899
6. Sex: MALE
7. Twin or Triplet: TWIN If so—born 1st, 2nd, 3rd: 1ST
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** EUGENE SAGE
11. Color or Race: WHITE
12. Age at time of THIS birth: 44 yrs.
13. Birthplace: Michigan (City or town) (State or foreign country)
14. Exact Occupation: MINER + POLITICIAN
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** MARY ELLEN LYONS
17. Color or Race: WHITE
18. Age at time of THIS birth: 27 years
19. Birthplace: MISSOULA MONTANA (City or town) (State or foreign country)
20. Exact Occupation: HOUSEWIFE
21. Industry or Business: SAME

22. Name prophylactic ~~used to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 2
(c) Born alive and now dead: 1 (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep. 3, 1940 (Date) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of ~~Michigan~~
County of ~~Wayne~~ ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARY SAGE, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with) ROBERT EDWARD SAGE (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. STONE (Name of attendant at birth), who attended said birth DEAD (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mary Ellen Sage Name
8535 Indiana Detroit Mich. P. O. Address

Subscribed and sworn to before me on this 28 day of Aug.
(SEAL) Joseph E. Clerny Notary Public, residing at 22252 E. Nine Mile Rd. Eastpointe, Mich.
Pray Comm. Expires 1-4-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653 124 024 766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 4 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

298141

State File No. 298141
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County: Gooding (b) City: Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Elmore
(c) City: Mtn Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? All ..... yrs.
(f) Mother's mailing address: Mtn Home, Ida.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** David Walter Wells

5. Date of Birth (Month, day, year) Dec. 24-1899

6. Sex.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** A. B. Wells

11. Color or Race W

12. Age at time of THIS birth 45 yrs.

13. Birthplace (City or town) Missouri (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet R. Powers

17. Color or Race W

18. Age at time of THIS birth 29 years

19. Birthplace Douglas Co. (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at 11.00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Harriet R. Powers Wells (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9-3-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** Harriet Wells M.D. or Mother (D.O., Midwife, etc.) and address Mtn Home Date 9-3-40

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriett Wells, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of David W. Wells (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jim Barnet (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Wells ..... Name
Mountain Home Ida ..... P. O. Address

Subscribed and sworn to before me on this 3rd day of September 1940

(SEAL) [signature] Notary Public, residing at Mtn Home Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 230 040-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 298251

298251

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED SEP 16 1940

1. **PLACE OF BIRTH:**
(a) County Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County Los Angeles County
(c) City Compton
(d) Street Address or R.F.D. No. Route 2 Box 552
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Rt 2 Box 552,

nw: 950 Western Ave San Bernardino

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Mildred Campbell

5. Date of Birth (Month, day, year) May 30, 1899

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Campbell
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation Doctor - M.D.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Marie Sampson
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Turner (City or town) Maine (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of San Mateo } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie Campbell Hynes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Campbell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marie Campbell Hynes Name
950 Western Ave San Bernardino Calif. Address

Subscribed and sworn to before me on this 8th day of September 1940

(SEAL) Lester E. Ryker Notary Public, residing at Brisbane Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 124 029-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 13 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

#298260

State File No. 298260
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Latah (b) City: Kendrick
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born at Mother's Father's Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Latah
(c) City: Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address: Kendrick - Idaho
3. **RESIDENCE OF FATHER** (city, state): Kendrick - Ida.

4. **FULL NAME OF CHILD:** Lionel Mellison McCrea
5. Date of Birth (Month, day, year): Oct. 24-1899
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME:** Walter Murphy McCrea
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Perham (City or town) Minnesota (State or foreign country)
14. Exact Occupation
15. Industry or Business: Hardware Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME:** Nellie Elizabeth Mellison
17. Color or Race: White
18. Age at time of THIS birth: 17 years
19. Birthplace: Ft. Hays (City or town) - Kansas (State or foreign country)
20. Exact Occupation: Home - wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: One (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep. 13 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on.....Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of: Washington
County of: King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Elizabeth McCrea, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Lionel Mellison McCrea (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alexander Brewster (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Elizabeth McCrea Name
8253 - 14th N. W. Seattle P. O. Address

Subscribed and sworn to before me on this 11th day of September 1940

(SEAL) .....Notary Public, residing at P. L. H. Marshall

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443115 040257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298287
Local Reg. No. 72
Reg. Dist. No. 140

1. PLACE OF BIRTH: (a) County Shoshone (b) City Wallace
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county ....years ....months ....days.

SEP 16 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State No. (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ....yrs.
(f) Mother's mailing address ....
3. RESIDENCE OF FATHER (city, state) Polson Mont.

4. FULL NAME OF CHILD: Onavi Mullen
5. Date of Birth (Month, day, year): Dec 15 1899.
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME: Charles Henry Mullen
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace (City or town) (State or foreign country): Mo.
14. Exact Occupation: Miner
15. Industry or Business: Lead Mine

MOTHER OF CHILD

16. FULL MAIDEN NAME: Alpenia E Belieu
17. Color or Race: White
18. Age at time of THIS birth: 34 years
19. Birthplace (City or town) (State or foreign country): Ore.
20. Exact Occupation: Housewife
21. Industry or Business: Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was 11 (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Charles Henry Mullen (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature Dr Jenowy M.D. or (D.O., Midwife, etc.) and address Wallace Idaho Date

26. (a) Sept. 12 1940 (Date received) (b) John A Boyce (Registrar's signature)
27. Given name added on ....by .... (Registrar's signature)

State of ....
County of ....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Henry Mullen, being first duly sworn, say that I am Father (Related to (or) acquainted with) Onver Mullen (Name of person on certificate above) as .... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Jenowy (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Henry Mullen — Name
POLSON MONTANA — P. O. Address

Subscribed and sworn to before me on this 10 day of September 1940

(SEAL) James Harbert — Notary Public, residing at Polson, Montana
CLERK OF THE DISTRICT COURT

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1987 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-223-035-219

United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 23 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299567
State File No. 299567
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nezperce (b) City country
(c) Street Address or R F.D No. -----
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 14 days.
In **THIS** county two years -- months -- days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash (b) County Whitman
(c) City Pullman for last 22 years
(d) Street Address or R.F.D. No. 309 Ash Street
(e) How long has **MOTHER** lived in Idaho? six yrs.
(f) Mother's mailing address now Pullman, Wn
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Ethel Ruth Baird
5. Date of Birth (Month, day, year) July 23, 1899
6. Sex female
7. Twin or Triplet neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Earnest Baird
11. Color or Race white Caucasian
12. Age at time of THIS birth 34 yrs.
13. Birthplace Montrose, (City or town) Penn. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business -----

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Baird
17. Color or Race white Caucasian
18. Age at time of THIS birth 29 years
19. Birthplace Middletown, (City or town) New York (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was .... (born alive, stillborn) at .... M. on the date and at the place stated above, and that personal particulars were furnished by .... (First name) (Last name), who is related to this child as .... (Mother, etc.)

26. (a) Sep. 23 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on .... by .... (Registrar's signature)

25. Attendant's **OWN signature** .... M.D. or (D.O., Midwife, etc.)
and address .... Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kate Baird, being first duly sworn, say that I am the mother of Ethel Ruth Baird (Related to (or) acquainted with) (Name of person on certificate above) as ---------------- (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Powell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate Baird Name
309 Ash Street, Pullman, Wash. P. O. Address

Subscribed and sworn to before me on this 21st day of September 1940

(SEAL) Frank Banger Notary Public, residing at Pullman Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
SEP 23 1940

State of Washington,)
: ss.
County of Whitman,)

Kate Baird, also locally now known as Catherine Baird, of Pullman, Washington, being first duly sworn, on oath, deposes and says: that affiant is the mother of Ethel Ruth Baird and her daughter was born July 23, 1899 while affiant and her husband William Earnest Baird were living on a farm near Nezperce, then Nezperce County, State of Idaho; that Dr. Powell attended her and a neighbor friend Mrs. Orval Poole and her said husband being present and all three are deceased.

This affidavit is made in order that it may furnish information to be filed with the State Bureau of Vital Statistics, Boise, Idaho, as a basis of issuinga birth certificate when called for.

Kate Baird

Subscribed and sworn to before me this 21st day of September, 1940.

Frank Danger

Notary Public in and for the State of Washington, residing at Pullman.

265-11-037-367

United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 24 1940

(Be sure the information is as of date of birth of THIS child)

299585

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299585
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City DeLamar
(c) Street Address or R F D No. ---Idaho
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City DeLamar
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Oroville, Calif RFD3

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Harry Leslie Swetland

5. Date of Birth (Month, day, year) Oct. 10, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Elmer Swetland
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Elko (City or town) Nev. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Rebecca Cox
17. Color or Race white
18. Age at time of THIS birth 16 years
19. Birthplace Blair (City or town) Burke Co. Neb (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Julia Rebecca Swetland (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Sep 24 1940 (Date) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** Elizabeth Olsen M.D. or Midwife (D.O., Midwife, etc.)
and address Caldwell, Idaho Date 9/23/40

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Julia Rebecca Thatcher, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Harry Leslie Swetland (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Olsen (Name of attendant at birth), who attended said birth signed above (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Julia Rebecca Thatcher Name
Formerly Julia Rebecca Swetland, Mother P. O. Address

Subscribed and sworn to before me on this 23rd day of September 1940

(SEAL) Mrs H J Thompson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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132-114.007-754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299686

State File No. 299686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Picabo
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county ....years ....months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Picabo, Idaho

3. RESIDENCE OF FATHER (city, state) Picabo, Ida.

4. FULL NAME OF CHILD Walter Albrethsen

5. Date of Birth (Month, day, year) Oct. 14, 1899

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Albrethsen
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Frederiksborg (City or town) Denmark (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Pedersen
17. Color or Race white
18. Age at time of THIS birth 39 years
19. Birthplace Slesvig (City or town) Denmark (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. ~~Name prophylactic~~ used ~~to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

Mae G. Atwood

26. (a) Sept. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's OWN signature ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Ida
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Albrethsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Albrethsen (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....(Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert Albrethsen
Name

Vermont St., Boise Idaho
P. O. Address

Subscribed and sworn to before me on this 27 day of Sept. 1940

(SEAL) ....Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363-11-022-355

United States
Department of Commerce
Bureau of the Census

RECEIVED SEP 30 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299719
Local Reg. No.
Reg. Dist. No.

Samuel Erwin Collier

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Small
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: Continuous
In Hosp. or Mat. Home.....days. At home
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County Los Angeles
(c) City Downey
(d) Street Address or R.F.D. No. Rt. 1 Box 801 A
(e) How long has **MOTHER** lived in Idaho? 4.2 yrs.
(f) Mother's mailing address Rt. 1 Box 801 A Downey Cal.

3. **RESIDENCE OF FATHER** (city, state) Pomona Calif.

4. **FULL NAME OF CHILD** Samuel Erwin Collier

5. Date of Birth (Month, day, year) Jan. 11-1899

6. Sex son

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** John Calvin Collier
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Beaver Creek (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Mary Lee
17. Color or Race white
18. Age at time of THIS birth 18 years
19. Birthplace Jokion (City or town) California (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead alive (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Mary Collier (First name) (Last name) who is related to this child as Mother (Mother, etc.).

26. (a) Sep 30, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Mary Collier, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) of Samuel Erwin (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that mid wife (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Mary Collier Name
Rt. 1 Box 801 A Downey Calif. P. O. Address

Subscribed and sworn to before me on this 27 day of September 1940

(SEAL) Cleldon H. Mess Notary Public, residing at Long Beach Calif.

My Commission Expires June 21, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-223-026-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299735
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Jefferson (b) City: Lewisville
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: ---
SEP 27 1940
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home: no days.
In THIS county: 14 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Jefferson
(c) City: Lewisville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Hope Winnifred Bennett
5. Date of Birth (Month, day, year): May 23, 1899
6. Sex: female
7. Twin or Triplet: no If so—born 1st, 2nd, 3rd: 2nd
8. No. months of Pregnancy: 89
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Bash L. Bennett
11. Color or Race: white
12. Age at time of THIS birth: 26 yrs.
13. Birthplace: Fontanelle, Iowa (City or town) (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business: farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME: Alice Eva Williams
17. Color or Race: white
18. Age at time of THIS birth: 20 years
19. Birthplace: Cambria, Minnesota (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business: housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: no
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2
(c) Born alive and now dead: no (d) Stillborn: no

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bash L. Bennett, being first duly sworn, say that I am related (Related to (or) acquainted with) to Hope Winnifred Bennett (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ruth Williams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bash L. Bennett Name
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me on this 26 day of September 1940
(SEAL) George M. Lawson Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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235-202-028 967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299893

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299893
Local Reg. No. 332
Reg. Dist. No. 120

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

RECEIVED OCT 10 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? [redacted] yrs.
(f) Mother's mailing address Coeur d'Alene
3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Martha Ona Steele
5. Date of Birth (Month, day, year) January [redacted] 1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME George Richard Steele	16. FULL MAIDEN NAME Emma Jane Morris
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 36 yrs.	18. Age at time of THIS birth 32 years
13. Birthplace Albany (City or town) Missouri (State or foreign country)	19. Birthplace Albany (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer	20. Exact Occupation Housekeeper
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 10-7-40 (Date received) (b) H. Newcombe, M.D. (Registrar's signature)

27. ~~Given name added on~~ ..... by 10-7-40 (Registrar's ~~signature~~ deputy)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Province of Alberta
County of Canada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Jane Steele, being first duly sworn, say that I am related to (Related to (or) acquainted with) Martha Ona Steele (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emma Rhodes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Emma Jane Steele Name
Box [redacted] Bellevue Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of October 1940

(SEAL) J. Wrighton Notary Public, residing at Cardston Alberta Can.
A Commissioner for Oaths in and for the Province of Alberta.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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951-11 a ir 04-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

300008

State File No. 300008
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Monpelier
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county no years 8 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Iowa (b) County Lucas
(c) City Chariton
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address Chariton Iowa

3. **RESIDENCE OF FATHER** (city, state) Chariton, Iowa

4. **FULL NAME OF CHILD** Roscoe Emerson Ream

5. Date of Birth (Month, day, year) Nov. 10, 1899

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John P. Ream
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Chariton, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna T. Erickson
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Chariton (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-11-40 (Date received) (b) Mae G. Atwood (Registrar's signature) Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Iowa
County of Lucas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John P. Ream, being first duly sworn, say that I am Relate to (Related to (or) acquainted with) Roscoe Emerson Ream (Name of person on certificate above) as his Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hillard (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. P. Ream
Name

Chariton, Iowa, RRD 2
P. O. Address

Subscribed and sworn to before me on this 8 day of October, 1940

(SEAL) Orlan Kelly Notary Public, residing at Chariton Iowa
Clerk of Dist. Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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362-112-030-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **300149**
Local Reg. No.
Reg. Dist. No. 2116

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Lemhi Agency
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 18 years ..... months ..... days.

OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Lemhi Agency
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Lemhi Agency, Idaho
3. **RESIDENCE OF FATHER** (city, state Lemhi Agency, Idaho

4. **FULL NAME OF CHILD** Champ Quentin Tobias
5. Date of Birth (Month, day, year) Dec. 12, 1899
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Solen Socrates Tobias
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Grand Isle, Vermont (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Jane Gorton
17. Color or Race white
18. Age at time of THIS birth 39 years
19. Birthplace West Ledi, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Gorton Tobias (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 14 1940 (Date received) (b) Alice C. Bellamy (Registrar's signature)
27. Given name added on ..... by Alice C. Bellamy (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Gorton Tobias, being first duly sworn, say that I am related to (Related to (or) acquainted with) Champ Quentin Tobias (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jane Yearian (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada Gorton Tobias ..... Name
Lemhi, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 12th day of October, 1940

(SEAL) Mamie C. McBride Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569 124 028 234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301284

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301284
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Kootenai (b) City: Harrison
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ... days.
In **THIS** county 7 years ... months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Kootenai
(c) City: Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address: Harrison, Ida.
3. **RESIDENCE OF FATHER** (city, state) Harrison, Ida.

4. **FULL NAME OF CHILD** Theodore Andrew Nelson Norgaard
5. Date of Birth (Month, day, year) April 24 1899
6. Sex: male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans K. N. Norgaard
11. Color or Race: white
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Rondrup (City or town) Denmark (State or foreign country)
14. Exact Occupation: Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Struve
17. Color or Race: white
18. Age at time of THIS birth: 31 years
19. Birthplace: Norsinni (City or town) Norway (State or foreign country)
20. Exact Occupation: Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Norgaard (First name) (Last name) who is related to this child as ... (Mother, etc.)

Mae G. Atwood

26. (a) Oct. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** ... M.D. or ... (D.O., Midwife, etc.)
and address Date

27. Given name added on ... by ... (Registrar's signature)

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Norgard, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Theodore Andrew Nelson Norgard (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Schmalhausen (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie Norgaard ... Name
Sandpoint Idaho ... P. O. Address

Subscribed and sworn to before me on this 24th day of October 1940

(SEAL) ... Notary Public, residing at ...

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued October 31, 1940. E.W.

215-228 029-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301383

State File No. 301383
Local Reg. No. 1241
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No. Third Street
(d) Name of Hospital or Maternity Home: At own residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 10 months ..... days.

RECEIVED OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Iowa (b) County Polk
(c) City Des Moines
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 10 Years
(f) Mother's mailing address Moscow, Idaho
3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Hazle Mildred Bane
5. Date of Birth (Month, day, year) November 28, 1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Arthur Denver Bane
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Dayton, (City or town) Iowa (State or foreign country)
14. Exact Occupation Salesman at Brakels Store
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Patterson
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Near Zwingle (Dubuque Co.) Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-23-40 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Thurston } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Elizabeth Bane, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Hazle Mildred Bane (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Adair (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Anna Elizabeth Bane ..... Name
216-E-9th St. Olympia Wn. ..... P. O. Address

Subscribed and sworn to before me on this 21st day of October, 1940

(SEAL) Geo L Harrigan ..... Notary Public, residing at Olympia, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-230 029 3995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
OCT 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

301388

State File No. 301388
Local Reg. No. 1246
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: at Home
In Hosp. or Mat. Home ..... days.
In **THIS** county 14 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow, Id.

4. **FULL NAME OF CHILD** Olga Theresa Nelson

5. Date of Birth (Month, day, year) Sept. 30, 1899

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels August Nelson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Lind
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary Eriksen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho, County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Nelson, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Olga Theresa Nelson (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. W. Watkins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J. Nelson — Name
Moscow, Idaho — P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 1940

(SEAL) Adrian Nelson — Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Chapin, Post Office
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None. Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home x days.
In THIS county 2 years 8 months x days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Chapin, Post Office
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2-2/3 yrs.
(f) Mother's mailing address Chapin, Idaho

3. RESIDENCE OF FATHER (city, state) Chapin, Ida

4. FULL NAME OF CHILD Franklin L Roy Stone

5. Date of Birth (Month, day, year) April 30, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin John Stone
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Ceder Fort, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Crandall
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Mable Crandall Stone (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's OWN signature Mrs Emma B. Pratt midwife M.D. or (D.O., Midwife, etc.)
and address Driggs, Idaho Date 4/30/1899

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396 101 029 342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301467**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county nine years ....months ....days.

RECEIVED NOV 4 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address Kendrick, Idaho
3. **RESIDENCE OF FATHER** (city, state Kendrick, Idaho

4. **FULL NAME OF CHILD** Lester Delos Crocker
5. Date of Birth (Month, day, year) Sept. 1, 1899
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Delos Crocker
11. Color or Race white
12. Age at time of THIS birth ....yrs.
13. Birthplace Centerville, Penn. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Clarissa Lukens
17. Color or Race white
18. Age at time of THIS birth ....years
19. Birthplace Winfield, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 2
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.) Mae G. Atwood

26. (a) Nov. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Clarissa Crocker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Delos Crocker (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. A. Rothwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie Clarissa Crocker ....Name
Kendrick, Latah County, Idaho ....P. O. Address

Subscribed and sworn to before me on this 2nd day of November 1940

(SEAL) ....Notary Public, residing at Kendrick, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301494
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Idaho (b) City: Green Creek
(c) Street Address or R F D No. No rural Del.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

RECEIVED NOV 4 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Idaho
(c) City: Green Creek
(d) Street Address or R.F.D. No. No rural Del.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address: Green Creek, Idaho
3. **RESIDENCE OF FATHER** (city, state): Same

4. **FULL NAME OF CHILD:** James William Wyatt
5. Date of Birth (Month, day, year): June 24, 1899
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Frederick Sherman Wyatt
11. Color or Race: White
12. Age at time of THIS birth: 33 yrs.
13. Birthplace: Auburn, (City or town) Illinois (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Lenora Merrill
17. Color or Race: White
18. Age at time of THIS birth: 30 years
19. Birthplace: Des Moines, (City or town) Iowa (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 2 (c) Born alive and now dead: ..... (d) Stillborn: 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

26. (a) Nov 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Division of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of: Oklahoma
County of: Garfield } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lenora Merrill Wyatt, being first duly sworn, say that I am related to (Related to (or) acquainted with) James William Wyatt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Troutman (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lenora Merrill Wyatt, Name
118 South Cleveland St., Enid, Oklahoma P. O. Address

Subscribed and sworn ~~to before~~ me on this 3rd day of October, 1940.

(SEAL) Marguette Fowler Notary Public, residing at Enid, Oklahoma

My Com Exp 2-17-44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-117-028-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 2 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County San Francisco
(c) City San Francisco
(d) Street Address or R.F.D. No. 1000 Lurlaw Ave.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address San Francisco Cal.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Alfred McBee

5. Date of Birth (Month, day, year) Jan. 17 - 1899

6. Sex male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin McBee
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation attorney at law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Cressap
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Champaign Co. Illinois (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) November 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of San Francisco

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Clara McBee, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Alfred McBee (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Urban R. Hertz (Name of attendant at birth), who attended said birth, is now deceased (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara McBee Name
1000 Lurlaw Ave., San Francisco P. O. Address

Subscribed and sworn to before me on this 11th day of November 1940

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 11-19-40 mf

OCT 15 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-113-020-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** NOV 9
(a) County Elmore (b) City Rocky Bar
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county 1 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City Rocky Bar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Rocky Bar, Ida.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Keith Henry Swanholm

5. Date of Birth (Month, day, year) July 13, 1899

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Carl Swanholm
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Norkoping (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Thacker Slusser
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Vandalia (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Mamie T. Swanholm (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov 9 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** x Sara Slusser M.D. or (Mid., Midwife, etc.) and address 3117 Franklin San Diego, Calif. Date 11-9-40

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951-226-016-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED NOV 9 1940

301627

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Marion
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 1 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ulea Jane Read
5. Date of Birth (Month, day, year) 2/26/1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Franklin Read
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Nephi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Pickett
17. Color or Race White
18. Age at time of THIS birth 42 years
19. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) Nov. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of ....
County of ....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ....(Related to (or) acquainted with) ....(Name of person on certificate above) as ....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....(Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

....Name
....P. O. Address

Subscribed and sworn to before me on this 7th day of November

(SEAL) Mora W. Thomas Notary Public, residing at Salt Lake City Ut

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-227-001-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301668
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No. Jefferson St
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Jefferson St.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Boise, Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lulu May Hunter

5. Date of Birth (Month, day, year) May 27, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Allison Hunter
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida J. Arnold
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) 11/18/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida J. Hunter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lulu May Hunter (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida J. Hunter Name
2078 Myrtle Ave Salem P.O. Address

Subscribed and sworn to before me on this 18th day of November

(SEAL) Beth Pendleton Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/18/40 L.B.
4/10/1941 C.P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-212-014-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301723

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 16 1940

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No. ------
(d) Name of Hospital or Maternity Home:
At Home 3 miles from Caldwell, Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---- days.
In **THIS** county 8 years 3 months 2 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell (d) Street Address or R.F.D. No. 3 Mi from Caldwell
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Caldwell, Idaho
3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

NOV 16 1940

4. **FULL NAME OF CHILD** Retah Cordelia Schell
5. Date of Birth (Month, day, year) Oct. 12, 1899
6. Sex Female
7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd -----
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Parker Schell
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Not known (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business House building and repairing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Burnett
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Longmont (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma May Schell (First name) (Last name), who is related to this child as Mother (Mother, etc.) Mae G. Atwood

26. (a) November 16, 1940 (Date received) R.V. Drake (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Not living M.D. or midwife (D.O., Midwife, etc.)
and address ------- ----- Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Emma May Schell King, being first duly sworn, say that I am related to (Related to (or) acquainted with) Retah Cordelia Schell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Cordelia Burnett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma May Schell King Name
Box 29, R. R. 3, Ferndale, Washington P. O. Address

Subscribed and sworn to before me on this 13th day of November 1940
(SEAL) R.V. Drake Notary Public, residing at Ferndale, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-130-035-312

301814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City near Kipson P.O.
(c) ~~Street Address or R.F.D. No.~~
(d) Name ~~of Hospital or Maternity Home?~~ at home on farm
(e) Mother's stay ~~BEFORE~~ delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Kipson P.O.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address R.R. Box 81 Lewiston
3. RESIDENCE of FATHER (city, state) Lewiston

4. FULL NAME OF CHILD Charles Clayton Cameron
5. Date of Birth (Month, day, year) Sept 30 1899
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Clayton Cameron
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Great Iowa (City or town) (State or foreign country)
14. Exact Occupation Sawmill
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Caroline Faber
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace near Genesee Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae G. Atwood

26. (a) Nov. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Calif
County of El Dorado } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Van Steenberge, being first duly sworn, say that I am Mother related to (Related to (or) acquainted with) Chas Clayton Cameron (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Schroder (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Mabel Van Steenberge Signature
R2 Box 110 Placerville Calif P. O. Address

Subscribed and sworn to before me on this 18 day of Nov, 1940

(SEAL) John D Landes Notary Public, residing at Diamond Springs Calif

MY COMMISSION EXPIRES OCT 15 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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967 229 035 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302952
Local Reg. No.
Reg. Dist. No.

DEC 2 1940

1. PLACE OF BIRTH: (a) County: Nez Perce (b) City: Peck
(c) Street Address or R F D No.: Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county 3 years ....months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State: Idaho (b) County: Nez Perce
(c) City: Peck
(d) Street Address or R.F.D. No.: Star Route
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address: Peck, Idaho

3. RESIDENCE OF FATHER (city, state): Peck, Idaho

4. FULL NAME OF CHILD: Mary Adelia Rogers
5. Date of Birth (Month, day, year): Aug-29-1899
6. Sex: F
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Melvin A. Rogers
11. Color or Race: W
12. Age at time of THIS birth: 33 yrs.
13. Birthplace: Iowa (City or town) New York (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME: Lucina Robertson
17. Color or Race: W
18. Age at time of THIS birth: 31 years
19. Birthplace: Michigan (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.) Mae G. Atwood

26. (a) Dec. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature ....M.D. or ....(D.O., Midwife, etc.) and address ....Date

27. Given name added on ....by ....(Registrar's signature)

Bureau of Vital Statistics

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melvin A. Rogers, being first duly sworn, say that I am Father (Related to (or) acquainted with) Mary Adelia Rogers (Name of person on certificate above) as ....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), ~~who~~ attended said birth ....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Melvin A. Rogers ....Name
1218-12th Ave Lewiston Idaho ....P. O. Address

Subscribed and sworn to before me on this 29 day of November 1940.

(SEAL) Philip Christopherson Notary Public, residing at ....

EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 3 1940

302095

Registration District No. ..... State File No. .....

Prim. Registration District No. 141 Local Registrar's No. 141

1. PLACE OF BIRTH
County of Shoshone
City of Osburn Idaho
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eva Patterson

3. Sex Girl

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 9th 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Cassius M. Patterson	18. Full maiden name Mary Lucy Allen
10. Residence (usual place of abode) (If non-resident, give place and State) Osburn Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Osburn Idaho
11. Color or race white | 12. Age at last birthday 37 (years)	20. Color or race White | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Columbus Ohio	22. Birthplace (city or place) (State or Country) Syria
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HW.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Sadie A. Allen, Midwife
Address Delta
Filed Dec 2, 1940 John Bower Registrar.

BOTH
DELAYED

dup of 1899-430907

718-220001-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 9 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303098
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1021 State St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 6 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Oregon (b) County:
(c) City:
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 6 mos. ~~yrs.~~
(f) Mother's mailing address:

3. **RESIDENCE OF FATHER** (city, state): Oregon

4. **FULL NAME OF CHILD:** Halcyone Venable Payne

5. Date of Birth (Month, day, year): Sept. 20, 1899

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Rodney Kenner Payne
11. Color or Race: white
12. Age at time of THIS birth: 33 yrs.
13. Birthplace: McMinnville (City or town) Oregon (State or foreign country)
14. Exact Occupation: Printer
15. Industry or Business: newspaper (Boise Statesman)

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Fanny Venable
17. Color or Race: white
18. Age at time of THIS birth: 32 years
19. Birthplace: Silverton (City or town), Oregon (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 1 (c) Born alive and now dead: 1 (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother)

Mae G. Atwood

26. (a) Dec. 19, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature) for

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rodney Kenner Payne being first duly sworn, say that I am related (Related to (or) acquainted with) Halcyone Venable Payne (Name of person on certificate above) father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rodney Kenner Payne
Name
9918 Wilmington Los Angeles
P. O. Address

Subscribed and sworn to before me on this 28th day of October 1940

(SEAL) Frank E. Rowins Notary Public, residing at 1705 E. 103d Los Angeles

My Commission Expires April 20, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-209-036-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303117
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Oneida (b) City: Weston
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Home of Lars Peter Nelson
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 23 years ..... months ..... days.

DEC 10 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Oneida
(c) City: Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address: Weston, Idaho
3. **RESIDENCE OF FATHER** (city, state): Weston, Idaho

4. **FULL NAME OF CHILD:** LEONA CATHERINE HOOPES
5. Date of Birth (Month, day, year): August 9, 1899
6. Sex: Female
7. Twin or Triplet: No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Charles Wylie Hoopes
11. Color or Race: White Anglo-Saxon
12. Age at time of THIS birth: 23 yrs.
13. Birthplace: Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: "

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Bertha Mary Nelson
17. Color or Race: White Swede
18. Age at time of THIS birth: 23 years
19. Birthplace: Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Not known
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 6
(c) Born alive and now dead: 1 (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

27. Given name added Bureau of Vital Statistics (Registrar's signature)

State of: Idaho
County of: Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Mary Hoopes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leona Catherine Hoopes (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Clark (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha Mary Hoopes ..... Name

Rexburg, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 8th day of December, A. D. 1940

(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-110-006-135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303156
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Bingham (b) City: Blackfoot
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 10 ~~years~~ months ~~days~~.

DEC 11 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Bingham
(c) City: Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos
(f) Mother's mailing address: Blackfoot - Idaho

3. **RESIDENCE OF FATHER** (city, state): Blackfoot, Idaho

4. **FULL NAME OF CHILD:** Arthur Raymond Brooks

5. Date of Birth (Month, day, year): June 10 - 1899.

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Washington Arthur Brooks
11. Color or Race: White
12. Age at time of THIS birth: 42 yrs.
13. Birthplace: Hawkon (City or town) Iowa (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Mary Elizabeth Alexander
17. Color or Race: White
18. Age at time of THIS birth: 36 years
19. Birthplace: Terre Haute (City or town) Indiana (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 3
(c) Born alive and now dead: 2 (d) Stillborn: 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 11, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Director (Registrar) Bureau of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Brooks, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Arthur Raymond Brooks (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cooper (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. Brooks ..... Name
2300 Vanderbilt Lane Redondo Beach California ..... P. O. Address

Subscribed and sworn to before me on this 10 day of December 1940

(SEAL) Hugh F. Rockett Notary Public, residing at Hermosa Beach California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/9/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753/06-035-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303199
Local Reg. No.
Reg. Dist. No. 20

Key Vow Clearwater

1. **PLACE OF BIRTH:**
(a) County ..... (b) City .....
(c) Street Address or R F.D No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Cavendish
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address .....

3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** John Louis Peterson

5. Date of Birth (Month, day, year) Oct 6-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Andrew Peterson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Katrina Jonessen
17. Color or Race W
18. Age at time of THIS birth 37 years
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) 12/14-1940 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... ~~M.D.~~ or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Virgil Martin Peterson, being first duly sworn, say that I am ~~Brother of~~ Related to (Related to (or) acquainted with) John Louis Peterson (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Dave Dannels (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Virgil Martin Peterson Name
Lenore Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of December 1940

(SEAL) Samuel T. Lowry Notary Public, residing at Orofino, Idaho
My Commission Expires Nov 17, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 1940

County of Nez Perce (now Clearwater)

City of Cavandish

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 210 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 119

2. FULL NAME OF CHILD John Louis Peterson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Oct. 6, ~~193~~ 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Andrew Peterson	18. Full maiden name Annie Katrina Lowesen
10. Residence (usual place of abode) (If non-resident, give place and State) Yes	19. Residence (usual place of abode) (If non-resident, give place and State) Yes
11. Color or race White | 12. Age at last birthday 40 (years)	20. Color or race White | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Denmark	22. Birthplace (city or place) (State or Country) Denmark
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House Wife
16. Date (month and year) last engaged in this work ~~Nov 22 1934~~ 19..... | 17. Total time (years) spent in this work ~~53 years~~	25. Date (month and year) last engaged in this work Jan 21, 1931 | 26. Total time (years) spent in this work ~~50 years~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 6

(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ was in family at the birth of this child, who was born alive ~~at 7 lbs~~ on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Virgil Martin Peterson, M. D.

or Brother, ~~Midwife~~

Address Cavandish

Give name added from a supplemental report .....
(Date of)

Filed 10/14, 1940 H. A. Shaw
Registrar.

Registrar.

854 222 029 854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303232
Local Reg. No.
Reg. Dist. No.

DEC 16 1940

1. **PLACE OF BIRTH:** (a) County Latah (b) City Village Kendrick
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county 3 years ....months ....days. not sure.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick Village near Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 mts 8 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Amelia Louise Hedges
5. Date of Birth (Month, day, year) Dec 22nd 1899
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rev James Addison Hedges
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Urbana (City or town) Ohio (State or foreign country)
14. Exact Occupation Presbyterian Minister
15. Industry or Business Home Missionary

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Maijorie Hedges
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace St John New Brunswick Dom of Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above and that personal particulars were furnished by Ella M Hedges (First name) (Last name), who is related to this child as mother (Mother) Mae G. Atwood

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Pennsylvania
County of Butler } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella M. Hedges, being first duly sworn, say that I am ~~the attendant~~ related to (Related to (or) acquainted with) of Amelia Louise Hedges (Name of person on certificate above) as ~~daughter~~ Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....(Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ella M Hedges ....Name
New Hope Penna ....P. O. Address

Subscribed and sworn to before me on this 10th day of December 1940

(SEAL) John Simon Justice Peace Notary Public, residing at New hope Pa
my commission expires 1-1-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 23, 1940. E.W.

154109 022-354 304345

United States
Department of Commerce
Bureau of the Census

RECEIVED JAN 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304395
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Salem, Ida.

4. FULL NAME OF CHILD Axel Glenn Anderson
5. Date of Birth (Month, day, year) Dec. 9, 1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Axel Anderson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Lemmon
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Smithfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 14, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Axel Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Axel Glenn Anderson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hyde (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Axel Anderson Signature

Boise, Idaho, Route #1 P. O. Address

Subscribed and sworn to before me on this 14th day of January, 1941

(SEAL) Rose A. Haworth Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 114 035-632 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304522
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Woodside
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Woodside
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Woodside, Idaho

3. RESIDENCE of FATHER (city, state): Woodside, Idaho

4. FULL NAME OF CHILD Delbert Wellington Carlen

5. Date of Birth (Month, day, year) Sept. 14, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels Olaf Carlen
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace unknown (City or town) Sweden (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Olson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace unknown (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 1/13/41 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature unknown M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Anna Booth, being first duly sworn, say that I am related to (Related to (or) acquainted with) Delbert Wellington Carlen (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that his grand-mother, Mrs. Carlen (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

* Mrs. Anna Booth Signature

P. O. Address

Subscribed and sworn to before me on this 30 day of December, 1940

(SEAL) Notary Public, residing at Yakima, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-208-002-219

United States
Department of Commerce
Bureau of the Census

JAN 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304707
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Adams (b) City Indian Valley
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
In **THIS** county 12 years 10 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Walla Walla
(c) City Walla Walla
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Walla Walla, Wn

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Cora June Logan

5. Date of Birth (Month, day, year) 6/8/99 1899

6. Sex. Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Thomas Logan
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Belleview (City or town) Nebraska (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Baird
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Jackson Co. (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabel Lohan, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Cora June Logan (Name of person on certificate above) as the daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lavina Price (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Isabel Logan — Name
Rte # 2 Walla Walla, Wash. — P. O. Address

Subscribed and sworn to before me on this 8th day of January, 1941

(SEAL) John C. Kunzpel — Notary Public, residing at Walla Walla Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-218-007-249

RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304802
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Bellevue
(c) ~~Street~~ Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Bellevue, Idaho

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD ~~Ed~~ Vera Edith Reed

5. Date of Birth (Month, day, year) March 18-1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Reed
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Linden (City or town) Kansas (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Lucretia Smith
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Tabor (City or town) Iowa (State or foreign country)
20. Exact Occupation House Keeper.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

JAN 17 1941

26. (a) ..... (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Lucretia Reed, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vera Edith Reed (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harriet McCay (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edith Lucretia Reed ..... Signature
3427 So. Bakes Street ..... P. O. Address

Subscribed and sworn to before me on this 14th day of January, 1941

(SEAL) Helen Stern ..... Notary Public, residing at Tacoma, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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164-122-001-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304849
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Ada (b) City Star
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Ada (c) City Star (d) Street Address or R.F.D. No. (e) How long has **MOTHER** lived in Idaho? 17 yrs. (f) Mother's mailing address Same

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Orville Eldred Douglas

5. Date of Birth (Month, day, year) Nov. 22, 1899

6. Sex.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George H. Douglas
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Clay County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Amelia Thornton
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Johnson Co (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as Mother (Mother, etc.) (First name) (Last name)

26. (a) 1-21-40 (Date received) (b) Edyde A. Bridger (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** A W Hall M.D. or .... (D.O., Midwife, etc.) and address Meridian Date 11-22-99

State of ....
County of ....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am .... (Related to (or) acquainted with) .... (Name of person on certificate above) as .... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that .... (Name of attendant at birth), who attended said birth .... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

....Name
....P. O. Address

Subscribed and sworn to before me on this ....day of ....

(SEAL) ....Notary Public, residing at ....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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663-120-014-319

305955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305955
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Thomas Albert Folwell
5. Date of Birth (Month, day, year) 9/20/99
6. Sex Male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Thomas Folwell
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia K. Currier
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace New [illegible] (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 16 (b) Born alive and now living 8
(c) Born alive and now dead [illegible] (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 31, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amanda Glennon, being first duly sworn, say that I am Acquainted with (Related to (or) acquainted with) Thomas Albert Folwell (Name of person on certificate above) as acquainted with (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williamson (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Amanda Glennon Signature
509 Blaine Street, Caldwell, Idaho P.O. Address

Subscribed and sworn to before me on this 27th day of January, 19 41
(SEAL) Mrs. H. J. Thompson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/31/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-201-001-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

305976 State File No. 305976
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1404 Jefferson
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: no days.
In **THIS** county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD: Bessie Marshall
5. Date of Birth (Month, day, year): Jan. 1, 1899
6. Sex: Female **7. Twin or Triplet:** no If so—born 1st, 2nd, 3rd: no **8. No. months of Pregnancy:** 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME: George Knox Marshall
11. Color or Race: White **12. Age at time of THIS birth:** 35 yrs.
13. Birthplace (City or town) Maine (State or foreign country)
14. Exact Occupation: [redacted]
15. Industry or Business: [redacted] Grocery man

MOTHER OF CHILD
16. FULL MAIDEN NAME: Ida May Stewart
17. Color or Race: White **18. Age at time of THIS birth:** 28 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 2
(c) Born alive and now dead: 2 (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. G. W. Bennett (First name) (Last name) who is related to this child as aunt (Mother's sister) (Mother, etc.)

26. (a) 2/8/41 (Date received) (b) Clyde A. Bridger Actg (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs G. W. Bennett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bessie Marshall (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hailey (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs G. W. Bennett Signature
Glenns Ferry Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of Feb 1941
(SEAL) Geo A Fabricson Notary Public, residing at Glenns Ferry Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-113-016-168

RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306010
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 22 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Cardston Alberta
3. RESIDENCE of FATHER (city, state): Canada

4. FULL NAME OF CHILD Charles Andrew Franks
5. Date of Birth (Month, day, year) Feb 13 1899
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd Single
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Samuel Franks
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cedar Fort Utah U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Johnston
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace North Ogden, Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 24 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Canada
County of Province of Alberta } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Franks, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Charles Andrew Franks (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Jensen (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ann Franks. Signature
Cardston Alberta Canada P. O. Address

Subscribed and sworn to before me on this 18th day of January 1941

(SEAL) Sylvia Williams Jacobs Notary Public, residing at Cardston, Alberta Canada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/5/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-217-029-842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 9 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Genesee Idaho

3. RESIDENCE of FATHER (city, state): Genesee Idaho

4. FULL NAME OF CHILD Edna Moersch

5. Date of Birth (Month, day, year) Nov. 17th 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Joseph Moersch	16. FULL MAIDEN NAME Katherine Huberty
11. Color or Race White 12. Age at time of THIS birth 40 yrs.	17. Color or Race White 18. Age at time of THIS birth 37 yrs.
13. Birthplace Johnsburg, Wisc. (City or town) (State or foreign country)	19. Birthplace Mountedbury, Wisc (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 70
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Frances Fickens (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) JAN 27 1941 (Date received) (b) Charles A. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances Fickens, being first duly sworn, say that I am related (Related to (or) acquainted with) Edna Moersch (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ehlen (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frances Fickens Signature
Genesee Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of January, 1941

(SEAL) [illegible] Notary Public, residing at Genesee Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-11-029-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306105
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Hunter Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 2 ~~days~~ months
In THIS county years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ~~X~~ yrs.
(f) Mother's mailing address Gifford, Idaho
3. RESIDENCE of FATHER (city, state): Gifford, Idaho

4. FULL NAME OF CHILD AUDREY LAWRENCE KING
5. Date of Birth (Month, day, year) December 17, 1899
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Elmer King
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Laura Van Luven
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kingston (City or town) Ontario, Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12.01 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Laura King (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 30 1941 (Date received) (b) Feb. [illegible] Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Laura (King) Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Laura Van Luven (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rathwell (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Laura King Johnson Signature
Lynden, Wash. R.R. 1 P. O. Address

Subscribed and sworn to before me on this 24th day of June, 1941

(SEAL) J. M. Hamilton Notary Public, residing at Bellingham, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-130-030-655

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306163
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County LEMHI (b) City SALMON
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 24 years 3 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address SALMON, IDAHO

3. **RESIDENCE OF FATHER** (city, state) SALMON, IDAHO

4. **FULL NAME OF CHILD** KENNETH E. (Eugene) McBRIDE

5. Date of Birth (Month, day, year) NOV. 30, 1899

6. Sex Male

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ROBERT WILLIAM McBRIDE
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace CLEVELAND (City or town), OHIO (State or foreign country)
14. Exact Occupation MINE OPERATOR & REAL ESTATE
15. Industry or Business SALESMAN (Owner of Businesses)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JESSIE WENTZ
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Salmon, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~[illegible]~~ (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JAN 21 1941

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nora Y. Whitwell, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Kenneth E. (Eugene) McBride (Name of person on certificate above) as nurse (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Whitwell (Name of attendant at birth), who attended said birth, now deceased was my husband (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Nora Y. Whitwell ..... Name
Salmon, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 18th day of January, 1941

(SEAL) Mamie C. McBride Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-115-004-515

RECEIVED

FEB 8 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306236
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 63 yrs.
(f) Mother's mailing address Georgetown

3. RESIDENCE of FATHER (city, state) Georgetown

4. FULL NAME OF CHILD Harley Albert Mathisen

5. Date of Birth (Month, day, year) Oct. 15, 1899

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Norenberg Mathisen
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Ovid (City or town) Idaho (State or foreign country)
14. Exact Occupation Rail Roar Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Van Noy
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Elyde A Briggs Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature is now deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes Mathison (Nelson), being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Harley Albert Mathison (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jeanett Tippets (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agnes Mathison (Nelson) Signature
1529 N.E. 9th Ave. Portland Ore P. O. Address

Subscribed and sworn to before me on this 4th day of February 1941

(SEAL) E. E. Gordon Notary Public, residing at Portland, Oregon
My Commission Expires Oct. 12-1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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317-103-09238

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

306249

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy Idaho
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 3 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 909 4th St.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Coeur d'Alene Ida.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Capaul

5. Date of Birth (Month, day, year) April 3 1899

6. Sex Male

7. Twin or Triplet 3rd If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Capaul
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bregile (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Schneider
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Greglingen (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 7
(c) Born alive and now dead .... (d) Stillborn ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Capaul (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) Lloyde A. Badger (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Margaret Capaul, being first duly sworn, say that I am Mother (Related to (or) acquainted with) George Capaul (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jacob Capaul (Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Capaul Name
P. O. Address

Subscribed and sworn to before me on this 6th day of February 1941

(SEAL) NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT COEUR D'ALENE, IDAHO MY COMMISSION EXPIRES SEPT. 20, 1941 Notary Public, residing at Coeur d'Alene Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lewis
City of Mohler, Idaho.
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED SEP 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

300

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Winnie Almira Black

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth June 4, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Farnwalt Black	18. Full maiden name Lulu Pearl DePartee
10. Residence (usual place of abode) (If non-resident, give place and State) Peck, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Peck, Idaho
11. Color or race white | 12. Age at last birthday 25 (years)	20. Color or race white | 21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or Country) Troy, Idaho Silver City Utah	22. Birthplace (city or place) (State or Country) Troy, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Sept. 3d 1940, 19.... | 17. Total time (years) spent in this work 40 yrs	25. Date (month and year) last engaged in this work Sept. [illegible], 19 40 | 26. Total time (years) spent in this work [illegible]

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
None
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... M. D.
or J. F. Black Father
Address Peck, Idaho
Filed ....., 193.... Mabyle A. Bowler Registrar

231-204-031-457

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

SEP 16 1940

State of Idaho
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. James F. Black being first duly sworn says that she is the mother (Relationship of child)* of Winnie Almira Black born June 4, 1899 (Date of birth) at Mohler, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Winnie Almira Black hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Frank Webb, M. D., was the ~~Midwife~~ medical attendant at the birth of said Winnie Almira Black and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. James F. Black
P. O. Address Peck, Idaho

Subscribed and sworn to before me this 13th day of September, 1940.

Grace F. Maynard
Notary Public.

Residing at Peck, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

632-220-035-414

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306475
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Fletcher
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Fletcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Fletcher, Idaho

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Hazel Fern Olson

5. Date of Birth (Month, day, year) Oct. 20, 1899

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Simon Olson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Clay County, So. Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Carrie Madison
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and~~ including this child One (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

RECEIVED

26. (a) FEB 17 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sophia Olson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hazel Fern Olson (Name of person on certificate above) as her Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the lady (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Sophia Olson ....Name

St. John, Washington ....P. O. Address

Subscribed and sworn to before me on this 13 day of Feb.

(SEAL) E. A. Shields ....Notary Public, residing at St. John

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/25/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-117001-418

306525

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306525
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. South Boise
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county 1899 years Mar month 17 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. So. Boise
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Boise Ida.

4. **FULL NAME OF CHILD** Ernest Marsh
5. Date of Birth (Month, day, year) Mar 17, 1899
6. Sex Male
7. Twin or Triplet
If so—born 1st, ~~2nd, 3rd~~
8. No. months of Pregnancy 9 mon.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Marsh
11. Color or Race Wh
12. Age at time of THIS birth 30 yrs.
13. Birthplace Joplin (City or town) Mo. (State of foreign country)
14. Exact Occupation Teamster
15. Industry or Business Frieghter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Etta Maynard
17. Color or Race Wh.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Feb. 24, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is ~~NOT LIVING~~ or CANNOT BE LOCATED.

I, Emma Ramsey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Marsh (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Haley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Ramsey Signature
912 East State, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of February, 19 41

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida.
Commission Expires — May 8, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 217 029 619 RECEIVED

United States
Department of Commerce
Bureau of the Census

FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307682

State File No.
Local Reg. No. 1340
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D No. 520 E. Third St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years 2 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 520 E. Third.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 520 E Third

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Marjorie Myrle Adair

5. Date of Birth (Month, day, year) Nov. 17th 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Adrian Adair
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Redoak (City or town) Iowa (State or foreign country)
14. Exact Occupation Doctor of Medicine
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Losina Warner
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Swan (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2-17-41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lou S. Adair, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marjorie Myrle Adair (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W.A. Adair (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lou S. Adair Name
106 S. Adams St Moscow Ida. P. O. Address

Subscribed and sworn to before me on this 12 day of February 1941

(SEAL) Martin S. Luckey Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/27/41 rmf

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-108-014-234

30772 **307727**

United States Department of Commerce Bureau of the Census

MAR 7 1941 (Be sure the information is as of date of birth of THIS child)

State File No. 307727

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:** (a) County CANYON (b) City FALKSTORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth) (a) State IDAHO (b) County CANYON
(c) City FALKSTORE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~24~~ yrs.
(f) Mother's mailing address FALKSTORE, IDAHO

3. **RESIDENCE of FATHER** (city, state) FALKSTORE, IDAHO

4. **FULL NAME OF CHILD** JAMES ALBERT PATTON

5. Date of Birth (Month, day, year) OCT 8, 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ✓

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES ALBERT PATTON
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace ARKANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business LIVESTOCK

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BERTHA ~~[illegible]~~ ETHEL STUART
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace FALKSTORE, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) MAR 7 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha E Patton, being first duly sworn, say that I am Related (Related to (or) acquainted with) James Albert Patton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mary Nesbit (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Bertha E Patton Signature

Jerome, Idaho, P. O. Address

Subscribed and sworn to before me on this 6 day of March 1941

(SEAL) Fred White Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-109047-793 307737

307737

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Logan (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Logan
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~yrs.~~ yrs.
(f) Mother's mailing address Los Angeles Calif
3. **RESIDENCE of FATHER** (city, state): " "

4. **FULL NAME OF CHILD** Lola May Chrisman
5. Date of Birth (Month, day, year) Mar 9-1899
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jesse Bowden Chrisman
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Owensboro Kentucky (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business U.P. Ry.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Gilroy
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Newark N.J. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living ~~2~~
(c) Born alive and ~~now dead~~ (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 7, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature) Clyde A Bridger

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Mrs Anna Chrisman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lola May Chrisman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs A Connor midwife (Name of attendant at birth) who attended said birth ..... (Is now deceased ~~(or) cannot be located~~) and that this birth has not been previously recorded.

X Mrs Anna Chrisman Signature
1260 Colmby Av., Los Angeles Calif P.O. Address

Subscribed and sworn to before me on this 4th day of March, 1941

(SEAL) L. Adele Wimpfheimer Notary Public, residing at 545 Pioneer Dr., Glendale, Calif

My Commission Expires Feb. 15, 1944 L. ADELE WIMPFHEIMER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-12 7.014-154

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307745
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Emmett, Idaho
3. RESIDENCE of FATHER (city, state): Emmett, Ida.

4. FULL NAME OF CHILD Fay Willard Tolles
5. Date of Birth (Month, day, year) May, 27, 1899
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Stone Tolles
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Cambridge, Mass. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Rachel Anderson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace St. Louis, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) ....(Date received) (b) ....(Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's OWN signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of ....
County of ....} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Rachel Tolles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fay Willard Tolles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah M. Anderson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen Rachel Tolles, Signature
4230 Midvale Avenue, Seattle, Wn. P. O. Address

Subscribed and sworn to before me on this 20 day of February, 19 41
(SEAL) M. Ryan Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

dup of 1899-DS1-675

439-IDC 30-595

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307748
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Leadore
(c) County Lemhi
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs. yrs.
(f) Mother's mailing address Leadore
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edward Everett McRea
5. Date of Birth (Month, day, year) Feb 1 1899
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward McRea (no middle name)
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Austin (City or town) Nevada (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching + Stockraising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Katherine Vreeland
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Mead (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4
(c) Born alive and now dead ..... (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Margaret McRea (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridges (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** deceased M.D. or Housewife (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Margaret McRea, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Edward Everett McRea (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Stephenson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret McRea ..... Name
Leadore Idaho ..... P. O. Address

Subscribed and sworn to before me on this 3 day of January 1941

(SEAL) Mary V. Stone ..... Notary Public, residing at Leadore Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc • 3/1/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Lemhi

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Edward Everd McRae (Name on original certificate) who Born (Was born or died) on February 1st 1899 (Date of event)
in Junction Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Feb 1st 1899 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Edward Everd McRae	Feb 1st 1892	Feb 1st 1899

Subscribed and sworn to before me this 27th
day of November, 19 41
May T Orr
Notary Public, residing at Leadore.
My commission expires May 23 - 1945
[SEAL]

Signed Mrs Margaret McRae
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

692-115-04X-219

307754

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or ~~Maternity~~ Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home Home days.
In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Weiser Idaho
3. **RESIDENCE of FATHER** (city, state) Weiser Ida

4. **FULL NAME OF CHILD** James August Wiseman
5. Date of Birth (Month, day, year) Aug 15-1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Ray Wiseman
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Tuscumbia Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Emaline Blanton
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Tuscumbia Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 9
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph Ray Wiseman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) James August Wiseman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Waterhouse (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph Ray Wiseman Signature
1505 37 St Milwaukie Ore P. O. Address

Subscribed and sworn to before me on this 21 day of February 1941

(SEAL) Vera Dean Notary Public for Oregon Milwaukie Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 15, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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3/1/41 Z.J.

493-201-002-915

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307776
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Adams (b) City New Meadows
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Adams
(c) City New Meadows
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address New Meadows Idaho

3. RESIDENCE of FATHER (city, state): " "

4. FULL NAME OF CHILD Edna Gertrude Mitchell
5. Date of Birth (Month, day, year) November 19rd. 1899
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Andrew Mitchell	16. FULL MAIDEN NAME Louisa ~~Mitchell~~
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 29 yrs.	18. Age at time of THIS birth 34 yrs.
13. Birthplace Haulend Missouri (City or town) (State or foreign country)	19. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer & stock raiser	20. Exact Occupation
15. Industry or Business Farmer & stock raiser	21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am The Mother of (Related to (or) acquainted with) Edna Gertrude Mitchell (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Max Tommy Clay (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louisa Mitchell Signature
New Meadows Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of February, 19 41

(SEAL) Earl Johnson Notary Public, residing at NEW MEADOWS, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/3/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-1-28-037-213

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307000

State File No.
Local Reg. No. 445
Reg. Dist. No. 395

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City DeLamar
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 4 years 5 months 0 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City DeLamar
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 5 yrs.
(f) Mother's mailing address DeLamar, Idaho

3. **RESIDENCE OF FATHER** (city, state) DeLamar Idaho

4. **FULL NAME OF CHILD** Charles Raymond Carpenter

5. Date of Birth (Month, day, year) April 20, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Mutton Carpenter
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Jane Bath
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Stythians, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2. (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Feby 27, 1941 (Date received) (b) T H Leonard (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Bessie Jane Carpenter Mely, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Raymond Carpenter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Plummer (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Bessie Jane Carpenter Mely Name
289 - E. 6th St P. O. Address

Subscribed and sworn to before me on this 25th day of February, 1941

(SEAL) Notary Public, residing at Chico, Calif.

S. L. BAINBRIDGE: Notary Public in and for

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-205-009-466

307945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 8 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state): Moscow, Idaho

4. FULL NAME OF CHILD Mildred Verna Wiswell

5. Date of Birth (Month, day, year) July 5, 1899

6. Sex female

7. ~~Twin or Triplet~~ If so—born ~~1st~~, 2nd, ~~3rd~~ 2nd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Roland Wiswell
11. Color or Race White-English
12. Age at time of THIS birth 41 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Clerk of County Court (Latah)
15. Industry or Business Lawyer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Jane Moore
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Rock Island (City or town) Illinois (State or foreign country)
20. Exact Occupation Mother & wife in home
21. Industry or Business Management of home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Byron Wiswell, being first duly sworn, say that I am a brother of (Related to (or) acquainted with) Mildred Verna Wiswell (now Mrs. Mildred May), whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Worthington, who attended (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Byron Wiswell
Signature
P. O. Address

Subscribed and sworn to before me on this 17th day of February, 1941

(SEAL) J. A. Wylie Notary Public, residing at Deary, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/7/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-126-004-259

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307946
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County: Bear Lake (b) City: Mont Pelier
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county 7 years ....months ....days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State: Idaho (b) County: Bear Lake
(c) City: Mont Pelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Henry Shapper
5. Date of Birth (Month, day, year) 26th Feb 1894
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Shapper
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Harness maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Berger
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) ....(Date received) (b) Clyde A. Bridge Actg (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.) and address ....Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest C Shapper, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Henry Shapper (Name of person on certificate above) as eldest brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....(Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ernest C Shapper ....Name
Lethbridge Alta ....P. O. Address

Subscribed and sworn to before me on this 17th day of December 1940

(SEAL) M C Mawson ....Notary Public, residing at Bellevue

My commission runs at the pleasure of the Crown

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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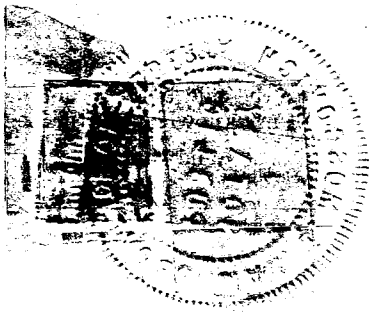
CC 3/7/41 PMF



IN THE MATTER OF THE CERTIFICATE OF BIRTH OF

JOHN HENRY SHAFFER

PROVINCE OF ALBERTA)
C A N A D A (
TO WIT:)

I, ERNEST T. SHAFFER, of Lethbridge, Alberta, Farmer, MAKE OATH AND SAY :

1. I am 53 yearsof age and am the eldest son of Ernest and Mary Shaffer.

2. I am therefore the oldest brother of John Henry Shaffer who desires a Birth Certificate.

3. That I know definitely that my brother, John Henry Shaffer, was born on the 26th day of February ,A.D. 1899, at Mont Pelier in the County of Bear Lake , in the State of Idaho .

4. That he was born at our parents' home and I was living at the same place at said time and for some time after.

SWORN to at the City of Lethbridge, in the Province of Alberta, this 17th day of December, A.D. 1940, Before me ,

Ernest T. Shaffer

RECEIVED
MAR 3 1941

AUG 13 1943

A NOTARY PUBLIC IN AND FOR THE PROVINCE OF ALBERTA.

215-211-035-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307955
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. None
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ida. (b) County N.P.
(c) City Lewiston
(d) Street Address or R.F.D. No. 1212-Ida
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Dead

4. FULL NAME OF CHILD Edna Mae Banning
5. Date of Birth 5-II-'99 (Month, day, year)
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cyrus Banning
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace State of Ill (City or town) (State or foreign country)
14. Exact Occupation Dead
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Mills
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace State of Ore. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Elgie A. Bridger (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Evans, being first duly sworn, say that I am mother (Related to (or) acquainted with) Edna Mae Banning (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Evans Signature
1212-Ida. St. P. O. Address

Subscribed and sworn to before me on this 3 day of Mar. 1941

(SEAL) John L. Phillips Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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442-104-089-418

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Idaho
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: at Home
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Grays Harbor
(c) City Westport
(d) Street Address or R.F.D. No. Box 7 8 years
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Westport Wash
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Alvie Raymond Musgrave
5. Date of Birth (Month, day, year) Oct 4th 1899
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jonas Henry Musgrave
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Mendocino Co. California (City or town) (State or foreign country)
14. Exact Occupation Mendocino Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Arabell Mayes
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Polk Co. Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Eva Hartman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

MAR 5 1941 (Date received) (a) (b) Clyde A. Bridges Acting (Registrar's signature)

25. Attendant's **OWN signature** None M.D. or Nurse Midwife (D.O., Midwife, etc.)
and address Date

27. Given name added on ....by .... (Registrar's signature)

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Hartman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alvie Raymond Musgrave (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Greene (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva Arabell Hartman ....Name

....P. O. Address

Subscribed and sworn to before me on this 1st day of March 1941

(SEAL) ....Notary Public, residing at Westport Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-131-035-393

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308019
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Pick
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Kellogg
(d) Street Address or R.F.D. No. 644 3rd St
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Paul John Tietze
5. Date of Birth (Month, day, year) July 31-1899
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Full
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Fred Tietze
11. Color or Race W
12. Age at time of THIS birth 46 yrs.
13. Birthplace Milwaukee (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Pillow
17. Color or Race W
18. Age at time of THIS birth 32 years
19. Birthplace Pommern (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 5 1941 (Date received) (b) Clyde A. Bridge (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emilie Tietze, being first duly sworn, say that I am related (Related to (or) acquainted with) to Paul John Tietze (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Coates (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emilie Tietze Name
644 3rd St Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of March 1941

(SEAL) La McDonald Notary Public, residing at Kellogg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho; for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155-105-021-296

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308092
Local Reg. No. 70
Reg. Dist. No. 541

1. PLACE OF BIRTH:
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Charles Llewellyn Jenkins
5. Date of Birth (Month, day, year) Oct 5, 1899
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME James Llewellyn Jenkins
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace South Jordon (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Bithiah Lovica Bronson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Fairview (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lovica Jenkins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3/10/41 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Llewellyn Jenkins, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Charles Llewellyn Jenkins (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Llewellyn Jenkins Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of March 1941
(SEAL) [signature] Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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634-223-028-236

308096 308096

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Kootenai (b) City Porthill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Porthill
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs. yrs.
(f) Mother's mailing address Porthill, Idaho
3. RESIDENCE of FATHER (city, state) Porthill, Ida.

4. FULL NAME OF CHILD Marjorie Charleen Olds
5. Date of Birth (Month, day, year) July 23, 1899
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Willard Olds
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace DesMoines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Valera Sloop
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Queen City, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 15, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Iva Sloop Olds, being first duly sworn, say that I am related (Related to (or) acquainted with) Marjorie Charleen Olds (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. E. Olds (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Iva Sloop Olds Signature

Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of March, 19 41

(SEAL) Notary Public, residing at Bonners Ferry, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/21/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-124-021-695 RECEIVED 308098

308098

United States
Department of Commerce
Bureau of the Census

MAR 14 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308098
Local Reg. No. 69
Reg. Dist. No. 540

1. **PLACE OF BIRTH:**
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City ~~Preston~~
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Virgil Manning
5. Date of Birth (Month, day, year) Mar 24, 1899
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis A Manning
11. Color or Race
12. Age at time of THIS birth 31 yrs.
13. Birthplace Heber City Utah
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Eliza Winn
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Summiet Utah
(City or Town) (State or foreign country)
20. Exact Occupation W.W.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lyle Manning (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3-12-41 (Date received) (b) G. W. Stoles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Nancy Bickstead ~~M.D.~~ (D.O., Midwife, etc.)
and address Preston Idaho Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

436-109-035-413

308170

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Lenore, Idaho

3. RESIDENCE of FATHER (city, state): Lenore, Idaho

4. FULL NAME OF CHILD Foster McFadden

5. Date of Birth (Month, day, year) Dec. 9, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Pearson McFadden
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sunville, Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Euphamia Mathew
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Harrison County - West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Esther McFadden (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Esther McFadden, being first duly sworn, say that I am related to (Related to (or) acquainted with) Foster McFadden (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Benjamin Matthew (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Esther McFadden Signature
Clarkston Wash. P. O. Address

Subscribed and sworn to before me on this 7th day of March, 1941

(SEAL) Jane W. Nicholson Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

36K-120-044-867

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308258
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City ~~Sisbry~~ Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City ~~Sisbry~~ Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 ~~yrs.~~ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Guy Francis Combs
5. Date of Birth (Month, day, year) Feb. 20, 1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Newton Combs
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Nebo (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenora Hopper
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Mercer County (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) ~~Clyde A. Bridges~~ Acting (Registrar's signature) Clyde A. Bridges

25. Attendant's **OWN signature** ~~MD~~ (~~D.O.~~, Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Francis Newton Combs, being first duly sworn, say that I am Related (Related to (or) acquainted with) Guy Francis Combs (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunt (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F. N. Combs Signature
5606 Sixth Ave. W. P. O. Address

Subscribed and sworn to before me on this 6 day of Feb, 1941

(SEAL) Joe J. Smallwood Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/18/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-209-029-168

United States
Department of Commerce
Bureau of the Census

REC'D MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308277
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Troy
(c) ~~Street Address or~~ R.F.D. No. 4
(d) Name of Hospital or Maternity Home: in home occupied by parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) ~~Street Address or~~ R.F.D. No. 4
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state): Troy, Ida.

4. FULL NAME OF CHILD Agnes Victoria Johnson

5. Date of Birth (Month, day, year) Sept. 9, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Johnson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Elsborgs Lan, Trolhattan Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Johnson
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Elsborgs Lan Trolhattan, Sweden (City or town) (State or foreign country)
20. Exact Occupation housekeeping
21. Industry or Business

Same before marriage

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christina Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Agnes Victoria Johnson (Name of person on certificate above) as mother of this child (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Majastina Larson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Christina Johnson Signature
1704 Grant Ave. Yakima, Wash. P. O. Address

Subscribed and sworn to before me on this 7th day of March 1941
(SEAL) Joe L. Cerf Notary Public, residing at Yakima, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

944-124-040-363

309296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Shoshone (b) City Wardner.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD George Henry Rummerfield
5. Date of Birth (Month, day, year) Oct 24-1899
6. Sex M.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Thomas J. Rummerfield
11. Color or Race W.
12. Age at time of THIS birth 41 yrs.
13. Birthplace Penn. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah E. Cole.
17. Color or Race W.
18. Age at time of THIS birth 31 yrs.
19. Birthplace Iowa. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) MAR 20 1941 (Date received) (b) (Mother, etc.) Maird Hedcher (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. R. Nesson M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-202-008-413 309326 309326

United States
Department of Commerce
Bureau of the Census

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(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH: (a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 31 years 7 month 14 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Horseshoe Bend,

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Ada Agnes Reid

5. Date of Birth (Month, day, year) December 3, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Reid
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Dublin, Ireland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm and stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jane Daley
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Marysville, California (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 24, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Andrew Daley, being first duly sworn, say that I am related (Related to (or) acquainted with) Ada Agnes Reid (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Martin Jones (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Andrew Daley Signature
Horseshoe Bend, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of March, 1941

(SEAL) John A. Fry Notary Public, residing at Horseshoe Bend, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/24/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

976-131-030-413

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309400
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Lemhi (b) City Salmon, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD John Logan Igou
5. Date of Birth (Month, day, year) March 31st 1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ora Logan Igou
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace La Moile (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pamela Elnora Mather
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Breckenridge (City or town) Missouri (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 Noon M. on the date and at the place stated above, and that personal particulars were furnished by Pamela Igou (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 22 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ✓ M.D. ~~(D.O., Midwife, etc.)~~
and address ~~Date~~

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pamela Igou Irvin, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Logan Igou (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Kinney (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pamela Igou Irvin Signature
Salmon, Idaho. P. O. Address

Subscribed and sworn to before me on this 15th day of March, 19 41

(SEAL) W. W. Simmonds, ~~Notary Public, residing at~~
Clerk Dist. Court.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/27/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SIY_103-028-769 RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309555
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home: Born in Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Athol, Idaho
3. RESIDENCE of FATHER (city, state): Athol, Ida

4. FULL NAME OF CHILD JOHN CALVIN HADDON
5. Date of Birth (Month, day, year) May 3, 1899
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mos. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ELMER ELSWORTH HADDON
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Carlysle (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OZELIA G. PORTER
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Sac City (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 25 1941 (Date received) (b) Mabel H Eeder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature No Attendant M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON
County of SKAGIT } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELMER E. HADDON, being first duly sworn, say that I am am related to (Related to (or) acquainted with) JOHN CALVIN HADDON (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmer E Haddon Signature
Anacortes, Wash., Rt. 1 P. O. Address

Subscribed and sworn to before me on this 24th day of March, 19 41
(SEAL) Notary Public, residing at Anacortes.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

211-127-035818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309586
Local Reg. No.
Reg. Dist. No.

MAR 27 1941

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Leland Ida
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Myron Carl Baack
5. Date of Birth (Month, day, year) May 21, 1899
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Baack
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Mecklenbarge-Schwerin Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Lavina Hays
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cherokee Nation ~~Cherokee nation~~ Okla (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead X (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by Hays Baack (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Maud F Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive L. Baack, being first duly sworn, say that I am ~~the mother~~ related to (Related to (or) acquainted with) Myron Carl Baack (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J.W.Stoneburner (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive L. Baack Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me on this 26th day of March, 19 41
(SEAL) Maud F Eeder Notary Public, residing at Asotin Co., Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-1971022-269

RECEIVED MAR 29 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309610

State File No.
Local Reg. No.
Reg. Dist. No.

[redacted]

1. PLACE OF BIRTH:
(a) County Fremont, now (b) City Rexburg
(c) Street Address or R.F.D. No. R. F. D # 1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years 9 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. R. F. D. # 1
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state): Salt Lake, Ut.

4. FULL NAME OF CHILD Orvell Johnson

5. Date of Birth (Month, day, year) 9 Oct. 1899

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Nephi Johnson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Catherine Sorensen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Randes, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3.23 P. MM. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) MAR 29 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Nephi Johnson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Orvell Johnson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Walz, a midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Nephi Johnson Signature

2028 Lake St, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me on this 27 day of March 1941

(SEAL) Nephi Jensen Notary Public, residing at Salt Lake City Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-113-004-9913

309693

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Bear Lake (b) City Nardboro
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nardboro
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~18~~ yrs.
(f) Mother's mailing address 1004 N 77th St.

3. **RESIDENCE of FATHER** (city, state): "

4. **FULL NAME OF CHILD** Joseph Lowell Stewart

5. Date of Birth (Month, day, year) 2-13-1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chauncey William Stewart
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace St Charles Idaho (City or town) (State or foreign country)
14. Exact Occupation retired farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Rich
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Paris Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 20 1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Jane Stewart, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Sparks (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Jane Stewart Signature
1004 N 77th St - LoAngeles Cal P. O. Address

Subscribed and sworn to before me on this 18th day of March, 1941

(SEAL) Shirley Beam Notary Public, residing at Los Angeles, Calif
My Com exp 12-5-44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-72-0242-039

United States
Department of Commerce
Bureau of the Census

APR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309717
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Freemont/ now called Clark (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
In THIS county two years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Sheridan, Mont.

3. RESIDENCE of FATHER (city, state): Sheridan, Mont.

4. FULL NAME OF CHILD George Stringham Mortensen

5. Date of Birth (Month, day, year) May 12, 1899

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George A. Mortensen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Levan (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Janett Stringham
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Holden, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 3 - 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George A. Mortensen, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Stringham Mortensen (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sina Mortensen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George A. Mortensen Signature
Sheridan Montana P. O. Address

Subscribed and sworn to before me on this 6th day of March, 1941.

(SEAL) [illegible] Notary Public, residing at Sheridan, Montana.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/11/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-106-035696

309773

United States
Department of Commerce
Bureau of Census

APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Fifth Street
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 1 years 1 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Fifth Street
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address Lewiston, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** FRED FIFE FORBES

5. Date of Birth (Month, day, year) July 6, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LEWIS EUGENE FORBES
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sparta, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business Building Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MATTIE ELLEN FIFE
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Deerfield, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Fife Forbes (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 11 1941 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Santa Barbara } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Fife Forbes, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Fred Fife Forbes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Shaff (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie Fife Forbes Signature

2307 State St Santa Barbara Calif. P. O. Address

Subscribed and sworn to before me on this 5th day of April, 1941

(SEAL) Ira E. Kramer Notary Public, residing at Santa Barbara California

My Commission Expires May 9, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-129-010-319

ED

304779

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309779
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 196 9th St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days ✓

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 196 9th St.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address 196 9th St.,

3. **RESIDENCE of FATHER** (city, state) Ida. Falls, Idaho

4. **FULL NAME OF CHILD** Rudolph Walfred Smith

5. Date of Birth (Month, day, year) Aug. 29, 1899

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Carl Smith
11. Color or Race white
12. Age at time of THIS birth ✓ yrs.
13. Birthplace Stockholm, Sweden (City or town) (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Carlson
17. Color or Race white
18. Age at time of THIS birth ✓ yrs.
19. Birthplace Osage City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 17-1941 (Date received) (b) Maud F. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. A. Carlson, being first duly sworn, say that I am related (Related to (or) acquainted with) as Uncle (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lillian Bard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. A. Carlson Signature
560 - 12th Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me on this 11th day of April, 1941

(SEAL) John M. Horner Notary Public, residing at Idaho Falls.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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551-218036-751

309820

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 25 years 3 month 19 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Malad, Idaho

4. FULL NAME OF CHILD Frances Rachel Evans
5. Date of Birth (Month, day, year) Dec. 18, 1899
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joshua Williams Evans
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Malad City (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Peabody
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Malad City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irene Lindley, being first duly sworn, say that I am the sister (Related to (or) acquainted with) of Frances Rachel Evans (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Daue Williams (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mr. Irene E. Lindley. Signature
1306 Orange Ave. Santa Ana Cal. P. O. Address

Subscribed and sworn to before me on this 22 day of March, 1941

(SEAL)

R. J. SMITH
COUNTY CLERK
By A. M. Reed

Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/14/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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2 Delayed + sex

331-128-022-266

309856

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Standrey
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years 8 month 20 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address St Anthony Idaho
3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Frank Clark
5. Date of Birth (Month, day, year) 12-28-1899.
6. Sex Mail
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Peter Fitz Clark
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Wythe County (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frannie Caroline Bowler
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Wythe County (City or town) Virginia (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Maurel B. Eddler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clarence E. Clark, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Clark (Name of person on certificate above) as elder brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Henson (Name of attendant at birth), who attended said birth can't (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clarence E. Clark Signature
830 New Deal Avenue, El Monte, Calif. P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL) Earle T. Cleveland Notary Public, residing at 3002 Barry Ave., El Monte, Calif.

My commission expires March 29th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTIGS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 309856

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Frank Clark (BIRTH OR DEATH) for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on Dec. 28, 1899 (DATE OF EVENT) in St. Anthony, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
birth date	November 28, 1899	December 28, 1899

Subscribed and sworn to before me this 2nd day of February, 19 42

Signed Frank Sio

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Dorothy Dunlap

Notary Public, residing at Long Beach, Calif.

My commission expires Apr. 29, 1944

(SEAL)

227 American Ave., Long Beach, Cal.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of, 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 5 By

(REGISTRAR'S SIGNATURE)

363 417.003 - 746

309890

United States
Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Bible Record of Frank Lockyer

1. PLACE OF BIRTH:
(a) County Franklin (b) City Mc Common
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county ✓ years ✓ month ✓ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mc Common
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Above
3. RESIDENCE of FATHER (city, state): Mc Common Ida

4. FULL NAME OF CHILD Frank. Lockyer
5. Date of Birth (Month, day, year) June 17, 1899
6. Sex Male.
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Mayford Luke Lockyer
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Idaho Brand Inspector
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Kate Goodenough ~~Lockyer~~
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mayford L. Lockyer, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Frank Lockyer (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Goodenough (Name of attendant at birth), who attended said birth is no deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mayford L. Lockyer Signature
Firth Ida P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL) Geo. W. Gardner Notary Public, residing at Firth Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/18/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-224-035-2495

United States
Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309901

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nezperce (b) City Cottonwood,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home Nezperce, Idaho
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. st home
In THIS county 15 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Cottonwood,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Cottonwood
3. RESIDENCE of FATHER (city, state): " Idaho

4. FULL NAME OF CHILD Hazel Louellen Yandell

5. Date of Birth (Month, day, year) April 24, 1899

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Clayton Yandell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Betsy Dresser
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pullman, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 10 1941 (Date received) (b) Mabel Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth B. Kolkman, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Hazel Louellen Yandell (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Truitt (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth B. Kolkman Signature

4265 E. City Terrace Drive, P. O. Address

Subscribed and sworn to before me on this 6th day of April, 19 41 Los Angeles, Cal

(SEAL) Mary A. Hughes Notary Public, residing at 3730 Medford St.

My Commission expires July 26, 1942. Los Angeles, California.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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951-20-5 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309953
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Glenn Dale Reavis
5. Date of Birth (Month, day, year) June 20, 1899
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Talafaro Reavis
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bentonville (City or town) Arkansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

(deceased)

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Eunice Crowell
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Green County (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

(deceased)

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) MAR 13 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Benito } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Reavis Stebbins, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Glenn Dale Reavis (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Griffith Keithley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel R. Stebbins — Signature
Stockton, California — P. O. Address

Subscribed and sworn to before me on this 10 day of April 1941

(SEAL) Helen Dowey — Notary Public residing at Hollister, Cal.

COUNTY CLERK AND EX-OFFICIO CLERK OF THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF SAN BENITO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-130-044-213 RECEIVED

United States
Department of Commerce
Bureau of Census

APR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310048
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harley Delos Jones
5. Date of Birth (Month, day, year) June 30, 1899
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Harley Cisero Jones	16. FULL MAIDEN NAME Mary Susan Saling
11. Color or Race white	17 Color or Race white
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 27 yrs.
13. Birthplace Arkansaw (City or town) (State or foreign country)	19. Birthplace Weiser, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 17-1941 (Date received) (b) Mabel F. Geldner (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Susan Saling Jones, being first duly sworn, say that I am related (Related to (or) acquainted with) Harley Delos Jones (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one present (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Susan Saling Jones. Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of April, 1941

(SEAL) C. B. Taylor Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-213-007-RECEIVED 239

United States Department of Commerce Bureau of the Census

APR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310058

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Blaine (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Blaine
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ~~13~~ 15 yrs.
(f) Mother's mailing address Corral
3. RESIDENCE of FATHER (city, state): ~~Bailey~~, Ida.

4. FULL NAME OF CHILD Elva Mary Wondershek
5. Date of Birth (Month, day, year) June 13, 1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Wondershek
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Dubuque (City or town) Iowa (State or foreign country)
14. Exact Occupation Mining & ranching
15. Industry or Business Mining and ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Strinskey
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Dubuque, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) April 18-1941 (Date received) (b) Maurel F. Felter (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of California, County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie A. Wondershek, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elva Mary Wondershek (Name of person on certificate above) as her sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie A. Wondershek Signature

340 No. Occidental, Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 5 day of April, 1941

(SEAL) Jane Harrison Notary Public, residing at Los Angeles, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/24/41. Wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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LOS ANGELES, CALIFORNIA
JULY 28TH., 1941

" I HEREBY CERTIFY THAT THE ITEM # 2-E, USUAL RESIDENCE OF MOTHER SHOULD BE STATED AS 15 YEARS, INSTEAD OF 48 YEARS, UP TO THE TIME OF BIRTH.
ITEM # 3, RESIDENCE OF FATHER, SHOULD HAVE BEEN STATED AS CORRAL, IDAHO, AT TIME OF BIRTH, INSTEAD OF HAILEY, IDAHO.

Minnie A. Vandershek

COUNTY OF: LOS ANGELES)
) S S
STATE OF: CALIFORNIA)

SWORN TO AND BEFORE ME THIS 28TH. DAY OF JULY, 1941

Thomas L. Kent SEAL

My Commission Expires Feb. 4, 1945.

SEAL

623 210 030-411

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED APR 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310111
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address SALMON, IDAHO

3. **RESIDENCE of FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** OLIVE MILDRED OSTRANDER

5. Date of Birth (Month, day, year) MARCH 10, 1899

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** HORACE EUGENE OSTRANDER
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace SPARTA (City or town), WISCONSIN (State or foreign country)
14. Exact Occupation COMMON LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ABBIE MAY MAJOR
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace SEDGWICK COUNTY, KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 19, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ABBIE MAJOR OSTRANDER, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) OLIVE MILDRED OSTRANDER (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. KINNEY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Abbie Major Ostrander Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me on this 18th day of APRIL, 1941

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-202-011 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

311292

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boundary (b) City Porthill
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER: (Always fill in these)**
(a) State Idaho (b) County Boundary
(c) City Porthill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Porthill

3. **RESIDENCE OF FATHER** (city, state) Porthill

4. **FULL NAME OF CHILD** Elsie Fay Montgomery

5. Date of Birth (Month, day, year) Feb. 2, 1899

6. Sex.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Edward Montgomery
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Buchanan Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Artimesa Holmes
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Nodaway Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name ~~prophylactic~~ used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) Apr 24-1941 (Date received) (b) Mabel T Eelfer (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Artimesa Montgomery Green, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elsie May Montgomery (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that - - - - - - - - - - - - - - - (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Artimesa Montgomery Green ....Name
Kootenai, Idaho ....P. O. Address

Subscribed and sworn to before me on this 22 day of April, 1941 Clerk of the District Court,
(SEAL) Dallie Green Notary Public, residing at Boundary County, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/1/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319 105 028 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Post Falls, I

4. FULL NAME OF CHILD Ivor Glenn Carder
5. Date of Birth (Month, day, year) 5/5/1899
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Carder
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Nevada Ross
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 28-1941 (Date received) (b) Maud H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of OREGON
County of UNION } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, IOLA CANTREL, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) IVOR GLENN CARDER (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ALICE ROSS (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Iola Cantrel Signature
1216 Y AVE., LAGRANDE, ORE. P. O. Address

Subscribed and sworn to before me on this 23 day of April, 1941

(SEAL) M E Williams Notary Public, residing at La Grande Ore.

MY COMMISSION EXPIRES JUNE 5, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-118 006-259

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311257
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham. (b) City Idaho Falls
(c) Street Address or R.F.D. No. xx
(d) Name of Hospital or Maternity Home: xx
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home x days. IN THIS county x years x month x days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. xx
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Clearwater, Ida.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Charles Henry Smith

5. Date of Birth (Month, day, year) June 18-1899

6. Sex Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William B. Smith
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Kerr
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum xx
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn xx

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr 28-1941 (Date received) (b) Maurel F. Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie Kerr Smith, being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles Henry Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jennet Kerr (Name of attendant at birth), who attended said birth midwife, is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maggie Kerr Smith — Signature
Clearwater, Idaho — P. O. Address

Subscribed and sworn to before me on this 24 day of April, 19 41

(SEAL) J. Rothwell — Notary Public, residing at Grangeville, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/3/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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293 126 004 393

RECEIVED MAY 1 1941

311448

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. ____
(d) Name of Hospital or Maternity Home: ____
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ~~years~~ 4 month 26 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. ____
(e) How long has MOTHER lived in Idaho? about 9 ~~12~~ months
(f) Mother's mailing address Montpelier, Idaho

3. RESIDENCE of FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Paul Oswald Sill

5. Date of Birth (Month, day, year) Sept. 26, 1899

6. Sex male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oswald Everett Sill
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Goldfield, Iowa (City or town) (State or foreign country)
14. Exact Occupation Depot agent and telegraph operator
15. Industry or Business Railroad - Union Pacific

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella May Little
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Toulon Illinois (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 1-1941 (Date received) (b) Mabel H Eddy (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella May Sill, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul Oswald Sill (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Guyon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Ella May Sill, Signature

Marseilles, Illinois, P. O. Address

Subscribed and sworn to before me on this 28 day of April, 1941

(SEAL) Verne Breese Notary Public, residing at MARSEILLES, ILL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 119 030 759

311538

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Gibbonsville, Idaho
3. RESIDENCE of FATHER (city, state) Gibbonsville, Idaho

4. FULL NAME OF CHILD Edgar Lee Williams
5. Date of Birth (Month, day, year) 10-19-1899
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum J. Williams
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Lena Perkins
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Washoe (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Gibbonsville (born alive, stillborn) at three P. M. on the date and at the place stated above, and that personal particulars were furnished by Hyrum Williams (First name) (Last name), who is related to this child as father (Mother, etc.)

RECEIVED

26. (a) MAR 17 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [illegible] (D.O., Midwife, etc.)
and address Date [illegible]

State of Nevada
County of Big Horn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hyrum J. Williams, being first duly sworn, say that I am father of (Related to (or) acquainted with) Edgar Lee Williams (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bartley (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hyrum J. Williams Signature
Otto, Nev. P. O. Address

Subscribed and sworn to before me on this 5th day of April, 1941

(SEAL) Bonnie M. Dodge County Clerk ~~Notary Public~~, residing at Basin, Nev.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/9/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-116-029-363

311546

United States
Department of Commerce
Bureau of Census

MAR 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 1406
Reg. Dist. No. 201

1. PLACE OF BIRTH
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Avon

3. RESIDENCE of FATHER (city, state) Avon, Ida.

4. FULL NAME OF CHILD Robert Curtiss Bower

5. Date of Birth (Month, day, year) Aug. 16, 1899.

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. Bower.
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Reading, Penn (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie A Cole.
17 Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Strawberry Point, Iowa (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent **Ophthalmia Neonatorum** ____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 4-28-41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of IDAHO
County of LATAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Jennie A Bower, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Curtis Bower (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Sarah Smith (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Jennie A Bower — Signature
Avon Idaho — P. O. Address

Subscribed and sworn to before me on this 26 day of April, 1941

(SEAL) Marion Strickling — Notary Public, residing at Moscow Ida

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. **No charge for filing.** Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-227-025-289

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311652
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Grangeville Ida

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD IRIS FIDELIA SEAY

5. Date of Birth (Month, day, year) Sept. 27, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John A. Seay	16. FULL MAIDEN NAME Clora A. Sprinkle
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 33 yrs.	18. Age at time of THIS birth 22 yrs.
13. Birthplace (City or town) Benton Co. (State or foreign country) Ark.	19. Birthplace (City or town) Marshall Co. (State or foreign country) Iowa
14. Exact Occupation Farmer - ~~Deceased~~	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 8, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clora A. Seay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Iris Fidelia Manning (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that persons (Name of attendant at birth), who attended said birth are deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Clora A Seay Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of April, 1941

(SEAL) Orlene Campbell Notary Public, residing at Grangeville Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/14/41 L. B.

APR 3 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-103-039-696

United States
Department of Commerce
Bureau of Census

MAY 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311788
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Oneida County, now
(a) County Power (b) City Rockland.
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home:
None. Private Home.
(e) Mother's stay BEFORE delivery: At Home
In Hosp. or Mat. Home 0 days.
IN THIS county 15 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power.
(c) City (P.O.) Rockland.
(d) Street Address or R.F.D. No. None.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Rockland, Idaho.

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Paul LeRoy Barnard.

5. Date of Birth (Month, day, year) Sept. 3, 1899.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Lyman S. Barnard
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Council Bluffs, Iowa. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farmer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Amelia Frodsham.
17. Color or Race White
18. Age at time of THIS birth 46 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that affiant has knowledge of
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 14-1941 (Date received) (b) Mabel F Geeder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho, County of Power. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine B. Hampton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul LeRoy Barnard (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lish (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine B Hampton — Signature
American Falls, Idaho — P. O. Address

Subscribed and sworn to before me on this 19th day of March, 1941.

(SEAL) Notary Public, residing at American Falls, Idaho.
My Com. expires 10-22-1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-106 040-667

United States Department of Commerce Bureau of the Census

RECEIVED MAY 13 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311852
Local Reg. No. 120
Reg. Dist. No. 140

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 301 Cedar St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 301 Cedar St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address (For registration notice): Same
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Campbell White.

5. Date of Birth (Month, day, year) ~~Sept~~ AUG 6 1899

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Henry White.
11. Color or Race White.
12. Age at time of THIS birth 40 yrs.
13. Birthplace Brockville Ontario Canada (City or Town) (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business The White + Bender Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wanda Blanche Fox
17. Color or Race White.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Canton Ohio. (City or Town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by ~~Mrs. Fox~~ (First name) (Last name), who is related to this child as ~~Mother~~. (Mother, etc.)

26. (a) May-3-41 (Date received) (b) John A Bower (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** R. S. Stance M.D. (D.O., Midwife, etc.)
and address Smith Wood Date Apr-30-41

DELAYED STAMP ADDED TO CERTIFICATE FACE-OTHER CHANGE
NOT MARKED AMENDED 01/18/2019 AJT

1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 311852

County of Shoshone } Date Filed 5-12-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for John Campbell White (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug-6-1899 (DATE OF EVENT) in Wallace Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Confirmation Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June-13-1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date of birth	Sept. 6, 1899	Aug. 6, 1899

Subscribed and sworn to before me this 12th day of May, 1942.

T. J. Keenan

Notary Public, residing at Wallace Idaho

My commission expires Dec 11-1943

(SEAL)

Signed Estelle Trask

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

210 Cedar Wallace Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of May, 1942.

T. J. Keenan

Notary Public, residing at Wallace Idaho

My commission expires Dec 11-1943

(SEAL)

Signed James R Bear

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Senior Warden Holy Trinity Church

Wallace Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on May 13-42 By John A Bower Loent Reg.

(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. .....

County of ..... Date filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME OF PERSON CERTIFIED) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (MAKE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (DATE DATA) are:

FACTS TO BE CORRECTED (NAMES, "BIRTH DATE", "PLACE OF BIRTH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date of birth	[illegible]	[illegible]

Subscribed and sworn to before me this ..... day of ..... 19 .....

Signed .....

(SIGNATURE OF PARENT OR ATTORNEY IN CONNECTION WITH A BIRTH RECORD; COURT OF ATTENDANT, FUNERAL DIRECTOR, SECRETARY IN CONNECTION WITH A DEATH RECORD, OR OTHER CONCERNED PERSON.)

Notary Public, residing at .....

(LATEST ADDRESS, CITY, STATE)

My commission expires .....

(DATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This affidavit must also be executed. (See Chapter 18, 1st Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19 .....

Signed .....

(SIGNATURE OF THE CORRECT PERSON WITH SPECIAL CONCERN)

Notary Public, residing at .....

(LATEST ADDRESS, CITY, STATE)

My commission expires .....

(DATE)

Local registrar filing on behalf of ..... By .....

(REGISTRAR'S SIGNATURE)

394 107 035-793

United States
Department of Commerce
Bureau of the Census

MAY 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311857
Local Reg. No. 59
Reg. Dist. No. 210

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD George Henry Crumpacker
5. Date of Birth (Month, day, year) April 7, 1899
6. Sex M.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles H Crumpacker
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Wheeland (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary E Gilmore
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace St George (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9. 0 M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4/19 (Date received) (b) W A Shaw (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles H Crumpacker, being first duly sworn, say that I am related (Related to (or) acquainted with) George Henry Crumpacker (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wheeler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles H Crumpacker Signature
..... P. O. Address

Subscribed and sworn to before me on this 19 day of April, 19 41
(SEAL) Frank H Smith Notary Public, residing at Orofino

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 207 029 154 RECEIVED

United States
Department of Commerce
Bureau of Census

MAY 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311862
Local Reg. No.
Reg. Dist. No. 2044

1. **PLACE OF BIRTH**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Troy Idaho

3. **RESIDENCE of FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Hildur Marie Fredman

5. Date of Birth (Month, day, year) May 7 1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emil Fredman
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ljung (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Anderson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Herrljunga (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Augusta Fredman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 1, 1941 (Date received) (b) Earl Alden - M.D. (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Augusta Fredman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hildur Marie Fredman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Lou Johnson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Augusta Fredman Signature
Troy Ida. P. O. Address

Subscribed and sworn to before me on this 2nd day of May, 1941

(SEAL) A. Brooke Notary Public, residing at Troy Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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285 708 044 234

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311884
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Washington (b) City: Council (Near)
(c) Street Address or R F.D No.: none
(d) Name of Hospital or Maternity Home: none; birth at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: days.
In **THIS** county: 16 years: months: days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Washington
(c) City: Council
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address: Council, Idaho

3. **RESIDENCE OF FATHER** (city, state): same

4. **FULL NAME OF CHILD:** CARLOS SHEARER

5. Date of Birth (Month, day, year): Aug 8, 1899

6. Sex: MALE

7. Twin or ~~Triplet~~ X If so—born 1st ~~2nd 3rd~~

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** OWEN GEORGE SHEARER
11. Color or Race: WHITE
12. Age at time of THIS birth: 43 yrs.
13. Birthplace: Armada, Michigan (City or town) (State or foreign country)
14. Exact Occupation: Farmer and stockgrower
15. Industry or Business: as above

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** ADA JANE STUTSMAN
17. Color or Race: White
18. Age at time of THIS birth: 38 years
19. Birthplace: town unknown in Oklahoma (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business: as above

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 9 (b) Born alive and now living: 8
(c) Born alive and now dead: 1 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 17 1941 (Date received) (b) Maud T. Fielder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of: Idaho
County of: Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Shearer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carlos Shearer (Name of person on certificate above) as his brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Andrew Peck (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Shearer Name
Council, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of May 1941

(SEAL) [signature] Notary Public, residing at Council, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/23/41. w.h.
c.c. 6/6/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-104-029-268

311943

United States
Department of Commerce
Bureau of Census

MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Potlatch, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elza Browning

5. Date of Birth (Month, day, year) March 4, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gilbert Newton Browning
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Lanagan, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Berthine Boyd
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A. W. Browning, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elza Browning (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ben Norton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

A. W. Browning Signature
POTLATCH, IDAHO P. O. Address

Subscribed and sworn to before me on this 16 day of May 1941

(SEAL) Leslie Hyatt Notary Public, residing at Potlatch, Idaho
My commission expires Dec.

NOTARY PUBLIC

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/28/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-102-028-695

United States
Department of Commerce
Bureau of Census

RECEIVED
MAY 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Cataldo, Idaho

3. RESIDENCE of FATHER (city, state) Cataldo, Idaho

4. FULL NAME OF CHILD Joseph Peter Wiemann

5. Date of Birth (Month, day, year) Feb. 7th, 1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Ignatious Wiemann	16. FULL MAIDEN NAME Regina Freundlieb,
11. Color or Race German	17 Color or Race German
12. Age at time of THIS birth 39 yrs.	18. Age at time of THIS birth 36 yrs.
13. Birthplace Neaustadt (City or town) Germany (State or foreign country)	19. Birthplace Yeutsenbach (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer & stonemason	20. Exact Occupation Housewife & Midwife
15. Industry or Business Farming -- masonery	21. Industry or Business Housewife & Midwife

22. Name prophylactic used to prevent Ophthalmia Neonatorum No medicine

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 24-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Veitenheimer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Peter Wiemann (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pat Dwyer & Mrs. Lane (Name of attendant at birth) who attended said birth are now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rose Veitenheimer
Signature

Box 302 - Folsom, California
P. O. Address

Subscribed and sworn to before me on this 17th day of May, 1941

(SEAL)

Dell L. Ellis
Notary Public, residing at Folsom, Calif.

My Commission Expires April 12, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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546-127-00-655

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1903 Washington St.
(d) Name of Hospital or Maternity Home: At home at 1903 Washington Street.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 10 years unknown month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 19[illegible] [illegible] St.
(e) How long has MOTHER lived in Idaho? [illegible] yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Cecil Merle Edwards

5. Date of Birth (Month, day, year) Jan. 27, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John W. Edwards
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Dairy Owner
15. Industry or Business Dairy Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Bell Overhaulser
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife & Mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 31, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

X Floyd B. Edwards, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Cecil Merle Edwards (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Floyd B. Edwards Signature
X 10 Chaves Ave. San Francisco, Calif. P.O. Address

Subscribed and sworn to before me on this 18th day of May, 1941

(SEAL) S. Walter Burke Notary Public, residing at 483 Valencia St S.F.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/7/41 L. B.

DELAYED REGISTRATION LAW

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493-131-035-842

United States
Department of Commerce
Bureau of the Census

RECEIVED MAY 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313168
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nezperce (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): NezPerce, Ida

4. FULL NAME OF CHILD Frank Tyler Miller
5. Date of Birth (Month, day, year) 5-31-1899
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rufus Basil Miller
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Wythville (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Josephine Hutton
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Gladesprings (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAY 28 1941 (Date received) (b) Mabel H. Geeder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rufus Basil Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Tyler Miller (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Fannie Osterhout (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Rufus Basil Miller Signature
2144 Center St. Salem, Oregon P. O. Address

Subscribed and sworn to before me on this 30th day of May, 1941

(SEAL) Notary Public for Oregon Notary Public, residing at Salem, Oregon

My Commission Expires: 4/23/45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/9/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313223

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 24 1941

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Blaine
City of Hailey
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD LOUIS MYRON KYES

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Dec. 3, 1899 (Month, Day, Year)

9. Full name FATHER: MYRON WILLIAM KYES

10. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Marysville, California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own store

16. Date (month and year) last engaged in this work Dec. 2, 1899, 19....

17. Total time (years) spent in this work .....

18. Full maiden name MOTHER: HATTIE E. SCHAEFER

19. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Boca, California.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Dec. 2, 1899 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Hattie E. Kyes, Mother

or ....., Midwife

Address 923 W. Broadway, Anaheim, California.

Give name added from a supplemental report .....
(Date of)

Filed May 24, 1941 Marel H. Eeler
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

6/11/41 L. B.

265-107-007-238

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Orange } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hattie E. Kyes being first duly sworn says that she is the mother (Relationship of child)* of Louis Myron Kyes born December 3, 1899 (Date of birth) at Hailey, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Louis Myron Kyes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Dalton, M. D., was the Midwife medical attendant at the birth of said Louis Myron Kyes and that the said medical attendant is ~~deceased~~ (Now deceased (or) cannot be located)

Name of Affiant Hattie E. Kyes

P. O. Address 923 W. Broadway - Anaheim, California.

Subscribed and sworn to before me this 21st day of ~~July~~ May, 19 40

E. Fitzmann
Notary Public.

Residing at Anaheim, California, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

249-108 020-154

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 14 194

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Residence at Mountain Home, Idaho
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Mountain Home, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Van August Smith

5. Date of Birth (Month, day, year) December 8 1899

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George A. Smith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Soro Denmark (City or town) (State or foreign country)
14. Exact Occupation Bricklayer & Contractor
15. Industry or Business Mason

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Andersen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Soro Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 14, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Smith being first duly sworn, say that I am related to (Related to (or) acquainted with) Van August Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Newtwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Smith. Signature
361-15th Avenue, Longview, Wash. P. O. Address

Subscribed and sworn to before me on this 14th day of June, 19 41

(SEAL) J. Mayes Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/16/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

051-212-001-997

313272

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313272
Local Reg. No.
Reg. Dist. No.

JUN 1 7 194

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD EDNA ARLEIGH SEAR

5. Date of Birth (Month, day, year) July 12, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOSEPH WILLIAM SEAR
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Richardson
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 1 7 194 (Date received) (b) Maud F. Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Sear, being first duly sworn, say that I am related (Related to (or) acquainted with) Edna Gardeigh Sear (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. L. Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara Sear — Signature
Bend Ore — P. O. Address

Subscribed and sworn to before me on this 13th day of June, 1941

(SEAL) Clarence H. Nelson — NOTARY PUBLIC FOR OREGON, residing at Bend Ore

My Commission Expires Dec. 19, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/22/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-210-029

RECEIVED

JUN 5 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313294
Local Reg. No. 38
Reg. Dist. No. 208

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Boller

5. **DATE OF BIRTH** (Month, day, year) Apr. 10-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Fredrick Boller

11. Color or Race White

12. **Age at time of THIS birth** 52 yrs.

13. Birthplace Kandergrund (City or Town) Switzerland (State or foreign country)

14. **Exact Occupation** Farmer

15. **Industry Business**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susanna Mutzenberg

17. Color or Race White

18. **Age at time of THIS birth** 43 yrs.

19. Birthplace Kandergrund (City or Town) Switzerland (State or foreign country)

20. **Exact Occupation** Housewife

21. **Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 12
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Susanna (First name) Boller (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 19 - 1941 (Date received) (b) Mrs F. C. Gibson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUN 5 1947

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Susanna Boller being first duly sworn says that she is the mother (Relationship of child)* of Edith Boller born April 10, 1899 (Date of birth) at Kamiah, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**, and affiant further states that the facts contained in the certificate of birth of the said Edith Boller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Susanna Boller.

P. O. Address Potlatch Idaho

Subscribed and sworn to before me this 19 day of May, 1947

Lyle Lyons
Notary Public.

Residing at NOTARY PUBLIC, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-8-41

ETHEL Royle, 2220 A 3RD St. Santa Monica Cal

United States Department of Commerce Bureau of Census 281 202 — 008 499 JUN 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313306
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Valley~~ Boise (b) City Mc Call
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Valley~~ Boise
(c) City Mc Call
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Mc Call

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Lulu Ethel Shaw

5. Date of Birth (Month, day, year) Aug. 2, 1899

6. Sex female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy normal 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Samuel Richard Shaw	16. FULL MAIDEN NAME Myrtle Ellen Driggs
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 26 yrs.	18. Age at time of THIS birth 21 yrs.
13. Birthplace Terre Haute, Indiana, U.S.A. (City or town) (State or foreign country)	19. Birthplace Guthrie, Iowa, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation laborer	20. Exact Occupation housewife
15. Industry or Business general farm work or hotel keeper	21. Industry or Business cook and hotel keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Driggs (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) June 4-1941 (Date received) (b) Marvel H. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle Ellen Driggs, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Lulu Ethel Shaw (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Samatha Driggs (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Myrtle Ellen Shaw Signature

Rt. 1, Box 84 Troutdale, Oregon P. O. Address

Subscribed and sworn to before me on this 23rd day of May, 1941

(SEAL) Velma D. Shaw Notary Public, residing at Portland, Oregon

My Com. Expires Jan. 2. 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-129-022-954

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

313358

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** Dubois, Idaho
(a) County Fremont (b) City Dubois
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 842 E. Clark
(e) How long has **MOTHER** lived in Idaho? 58 yrs.
(f) Mother's mailing address 842 E. Clark
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Orin Hiram Erickson
5. Date of Birth (Month, day, year) Aug. 29, 1899
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Erickson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation R. R. Engineer
15. Industry or Business Engineer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Redford
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) JUN 6 1941 (Date received) (b) Mabel F. Edelen (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** (midwife) Deceased M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Erickson, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Orin Hiram Erickson (Name of person on certificate above) as above (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Rebecca Erickson ..... Name
842 E. Clark, Pocatello ..... P. O. Address

Subscribed and sworn to before me on this 21st day of February, 1941

(SEAL) Edward G. Houde ..... Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 203 029-414

United States
Department of Commerce
Bureau of Census

JUN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313365
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: home
In Hosp. or Mat. Home ..... days.
IN THIS county 28 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address Moscow Idaho

3. RESIDENCE of FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD Mabel Simonson Pitzer (Marriage name)

5. Date of Birth (Month, day, year) March 3, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Sigbart Simonson

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Oslo (City or town) Norway (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Madison

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Vermillion So. Dakota (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ella Madison (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) June 6, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie E. Kunting, being first duly sworn, say that I am ✓ (Related to (or) acquainted with) Mabel Simonson Pitzer (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Madison (Name of attendant at birth), who attended said birth ✓ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bessie E. Kunting Signature
Yakima Wash P. O. Address

Subscribed and sworn to before me on this 26th day of May, 1941

(SEAL) Freda M. Larson Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-117006-266

United States
Department of Commerce
Bureau of Census

JUN 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313445
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Idaho Falls

3. **RESIDENCE of FATHER** (city, state) Idaho Falls Ida.

4. **FULL NAME OF CHILD** Franklin Dewey White

5. Date of Birth (Month, day, year) Jan 17 - 1899

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roscoe Wilber White
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Vestal, (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Samantha Booher
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Purcell (City or town) Ind Territory (Okla.) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living none (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5-30 P.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 12 1941 (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of New Mexico
County of Socorro } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs Roscoe W White, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Franklin Dewey White (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Thompson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. R. W. White Signature
Socorro, New Mexico P. O. Address

Subscribed and sworn to before me on this 9th day of June 1941

(SEAL) Willie A. Jones Notary Public, residing at Socorro, N.M.
My Commission Exp. 4/16/40

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/18/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 11-035-451

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313547
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Nez Perce
(a) County ~~Lewis~~ (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County ~~Lewis~~ Nez Perce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Dewey Buford Marker

5. Date of Birth (Month, day, year) Apr 11, 1899.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Marker
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Noble County, Indiana. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ellen Dean
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Knox County, Illinois. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boraz - Acid

23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living nine (c) Born alive and now dead two (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were ~~furnished by~~ ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 17 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature deceased M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho. } ss.
County of Lewis }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A. Kahn, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Dewey Buford Marker (Name of person on certificate above) as Long Year Acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

A. Kahn Signature
Winslow Ida P. O. Address

Subscribed and sworn to before me on this 16 day of June 1941

(SEAL) M. Katz Notary Public, residing at Winslow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P. C. 6-20-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-223-028 692

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313556
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Kootenai (b) City St. Maries
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. In THIS county 2 years ? months ? days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Idaho (b) County ~~Benewah~~ Kootenai (c) City St. Maries (d) Street Address or R.F.D. No. None (e) How long has MOTHER lived in Idaho? 2 yrs. (f) Mother's mailing address St. Maries, Idaho

3. RESIDENCE OF FATHER (city, state) St. Maries Ida

4. FULL NAME OF CHILD Doris Anna Pence

5. Date of Birth (Month, day, year) July 23, 1899

6. Sex female

7. ~~Twin~~ or ~~Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Samuel Pence
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Green Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation Cattle Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Sawyer Fisher
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Staunton (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 16 1941 (Date received) (b) Maud Y. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.) and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Alice Pence Seargeant being first duly sworn, say that I am related to (Related to (or) acquainted with) Doris Anna Pence (Name of person on certificate above) as her natural older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eliza Ann Pence (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Pence Seargeant ..... Name
1938-47th Ave. S.W. Seattle Wn. ..... P. O. Address

Subscribed and sworn to before me on this 5th day of May, 1941

(SEAL) Jas. E. Seargeant Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215 117 014 243

314783

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUN 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Rose Banks

5. Date of Birth (Month, day, year) Sep.17/1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Rose Banks
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Unionville, Iowa (City or Town) (State or foreign country)
14. Exact Occupation Liveryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alda Butler
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lone Rock Wis. (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Payette Idaho Date 6/21/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

133/124-021669 RECEIVED

314813

United States
Department of Commerce
Bureau of Census

JUN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 167
Reg. Dist. No. 541

1. PLACE OF BIRTH
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD James Pierre Allen
5. Date of Birth (Month, day, year) Sept 24, 1899
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Allen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Fordham
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Verda Halgren (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) June 19, 1941 (Date received) (b) G W Slade (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Verda Halgren, being first duly sworn, say that I am Sister (Related to (or) acquainted with) James Pierre Allen (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Morgan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Verda Halgren Signature
Logan Utah P. O. Address

Subscribed and sworn to before me on this 19 day of June 1941

(SEAL) ____ Notary Public, residing at Preston Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361 130 014695

REC

United States
Department of Commerce
Bureau of Census

JUN 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314935
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon, (b) City now Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon, now
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 59 yrs.
(f) Mother's mailing address Payette, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Lee Roy Coates

5. Date of Birth (Month, day year) May 30, 1899

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel B. Coates
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hillsdale (City or town), Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adaline Sarah Windle
17. Color or Race white
18. Age at time of THIS birth 41 yrs
19. Birthplace Twin City, Ohio (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child, 9 (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Daniel B Coates (First name) (Last name) who is related to this child as father (Mother, etc.)

26. (a) JUN 26 1941 (Date received) (b) Maud I. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daniel B. Coates, being first duly sworn, say that I am father (Related to (or) acquainted with) Lee Roy Coates (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Catharine Syne (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daniel B Coates — Signature

Payette, Idaho — P. O. Address

Subscribed and sworn to before me on this 21st. day of June, 1941

(SEAL) Herbert J. Dawson — Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

817-201 030-236

United States
Department of Commerce JUN 24 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Thompson Falls, Mont

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Irene Floretta Hagel Heater

5. Date of Birth (Month, day year) March 1, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl William Hagel
11. Color or Race white **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Chicago, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth May Stobie
17. Color or Race white **18.** Age at time of THIS birth 37 yrs
19. Birthplace Bluffton, Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 24 1941 (Date received) (b) Mary H. Helfer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Mont
County of Sanders } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth May Hagel, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Irene Floretta Hagel Heater (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Daniel Cole (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth May Hagel Signature
P. O. Address

Subscribed and sworn to before me on this 23rd day of June 1941
(SEAL) N. Simonsen Notary Public

NOTARY PUBLIC FOR THE STATE OF MONTANA
RESIDING AT THOMPSON FALLS MONTANA
MY COMMISSION EXPIRES NOVEMBER 13TH, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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RECEIVED JUN 26 1941

314962

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) ~~Street Address or R.F.D.No.~~ Cora, Idaho.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
~~(c) City~~ P. O. address
(d) ~~Street Address or R.F.D.No.~~ Cora, Idaho
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Cora Idaho
3. RESIDENCE of FATHER (city, state) Same as above.

4. FULL NAME OF CHILD Harry McClellan Hardisty
5. Date of Birth (Month, day, year) Sept. 23 1899
6. Sex Male
7. Twin or Triplet ~~No~~ Single
8. If so—born 1st, ~~2nd~~ 3rd 1 birth
8. No. months of Pregnancy Full Time
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Ora Hardisty
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace St Louis, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer, near Cora, Idaho
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME May McKinney
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Kingston, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Single (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by May Hardisty Tucker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 26 1941 (Date received) (b) Mabel H Geeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, May Hardisty Tucker, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) of Harry McClellan Hardisty (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clark. (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

May Hardisty Tucker Signature
P. O. Address

Subscribed and sworn to before me on this 25 day of June 1941

(SEAL) A E Shaw Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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315033

United States
Department of Commerce
Bureau of Census

RECEIVED JUN 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county 4 years 5 month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD George Lander Perrin
5. Date of Birth (Month, day, year) June 23, 1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Sumner Perrin	16. FULL MAIDEN NAME Ellen Elizabeth Trask
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 40 yrs.	18. Age at time of THIS birth 38 yrs.
13. Birthplace Jasper County, Iowa (City or town) (State or foreign country)	19. Birthplace Linn County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Miner	20. Exact Occupation Housewife
15. Industry or Business Mining	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) JUN 28 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Thurston } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Roy B. Perrin, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Lander Perrin (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. France (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Roy B. Perrin Signature
North Bend, Oregon Box 662 P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1941

(SEAL) Lamont T. Masman Notary Public, residing at Yelm, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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252-214-008 RECEIVED 863 JUL 3 1941

315145

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Blaine (b) City Garden Valley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Blaine
(c) City Garden Valley
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased.

4. FULL NAME OF CHILD Ada Valentine Sebastian

5. Date of Birth (Month, day year) Feb. 14 - 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Daniel Smith Sebastian
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Sherwood (City or town) Oregon (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Holohan
17. Color or Race White 18. Age at time of THIS birth 38 yrs
19. Birthplace Louisville (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5 (c) Born alive and now dead 4 (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive or stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Bloom (First name) (Last name), who is related to this child as Aunt. (Mother, etc.)

RECEIVED

26. (a) JUL 3 1941 (Date received) (b) Mary E. Geddes (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Catherine Bloom M.D. (D.O., Midwife, etc.) and address 576-7th St Date 6-27-41

State of California
County of San Bernardino ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 27th day of June 1941

(SEAL) Edward C. Stuns Notary Public, residing at San Bernardino

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-22-0-536-4165

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315158
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. streets not numbered
(d) Name of Hospital or Maternity Home: neither (birth was at residence)
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county 38 years 6 months 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38½ yrs.
(f) Mother's mailing address Preston, Idaho

3. RESIDENCE of FATHER (city, state) Preston, Ida

4. FULL NAME OF CHILD Deanne Doney Parkinson

5. Date of Birth (Month, day, year) Oct. 20, 1899

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy normal 9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME George Chandler Parkinson	16. FULL MAIDEN NAME Lucy Maria Doney
11. Color or Race White 12. Age at time of THIS birth 43½ yrs.	17. Color or Race White 18. Age at time of THIS birth 38½ yrs.
13. Birthplace Kaysville, Utah, U. S. A. (City or town) (State or foreign country)	19. Birthplace Franklin, Idaho, U. S. A. (City or town) (State or foreign country)
14. Exact Occupation Owner	20. Exact Occupation Housewife
15. Industry or Business Merchant and rancher	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) July 7-1941 (Date received) (b) Mabel F. Kelly (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George D. Parkinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Deanne Doney Parkinson, who is now Mrs. Walter H. Rolapp (Name of person on certificate above) as brother (57 years of age) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Swan (midwife) (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George D. Parkinson Signature

725 Plymouth Road, San Marino, California P. O. Address

Subscribed and sworn to before me on this 3rd day of July 1941

(SEAL) Lola M. Supler Notary Public, residing at South Pasadena, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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14-01-4

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow JUN 30 1941

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

315163

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kenneth Frankland Hinckley

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 2, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Albert Leopold Hinckley	18. Full maiden name: Dora Alvina Hinst
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow
11. Color or race: white 12. Age at last birthday: 36 (years)	20. Color or race: white 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Addison Maine	22. Birthplace (city or place) (State or Country): Fort Jones California
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Fb. 2 1899, 19	25. Date (month and year) last engaged in this work: Feb. 2, 1899, 19
17. Total time (years) spent in this work: 16	26. Total time (years) spent in this work: 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? diluted ~~carbolic~~ boric acid

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed JUN 30 1941, 193.. Mabel H. Eeffen Registrar.

7-10-41

845-102-024-845

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dora A. Hinckley being first duly sworn says that she is the mother (Relationship of child)* of Kenneth Frankland Hinckley born Feb. 2, 1899 (Date of birth) at Moscow, (Cornwall Precinct), Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Kenneth Frankland Hinckley ~~said certificate is~~ hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no attending physician M. D. was the Midwife medical attendant at the birth of said Kenneth Frankland Hinckley and that the said medical attendant is Emma B. Hinckley, deceased (Now deceased (or) cannot be located)

Name of Affiant Dora A. Hinckley
P. O. Address 2023 - 18 Ave S. F. Calif.

Subscribed and sworn to before me this 27th. day of June, 19 49

Charles C. Slattery
Notary Public in and for the City and County of San Francisco, State of California. Notary Public.
Residing at ~~, Idaho.~~
My Commission Expires Nov. 20, 1948

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-10-41

4166 - 110-00-0269

United States
Department of Commerce
Bureau of Census

JUL 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315168

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** Bingham
(a) County ~~Bonneville~~ (b) City Idaho Falls
(c) Street Address or R.F.D. No. 124 Corner Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 124 Corner Ave
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address 124 Corner Ave

3. **RESIDENCE of FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Glenn Wood Moore

5. Date of Birth (Month, day, year) Nov. 10, 1899

6. Sex male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles H. Moore
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Peoria (City or town) Ill. (State or foreign country)
14. Exact Occupation
15. Industry or Business Cement Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Wilson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Perry (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 3 1941 (Date received) (b) Mabel Geeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Wilson Moore, being first duly sworn, say that I am mother (Related to (or) acquainted with) Glenn Wood Moore (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Bard (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Jane Wilson Moore (Signature)
..... P. O. Address

Subscribed and sworn to before me on this 3rd day of July, 1941

(SEAL) T. J. Gemmill Notary Public, residing at Idaho Falls, Ida

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. **No charge for filing.** Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-01-4

454-216-014-313

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315209
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D.No. 821 Elgin
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Helen Callaway Dement

5. Date of Birth (Month, day year) March 16, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Alexander Dement
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Quincy, Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Catherine Callaway
17. Color or Race white
18. Age at time of THIS birth 30 yrs
19. Birthplace near Star, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Malinda C. Dement, being first duly sworn, say that I am related (Related to (or) acquainted with) Helen Callaway Dement (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A.F. Isham (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Malinda C. Dement Signature
1401 N.20th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 3d day of July, 1941.
(SEAL) Albert R. Griffith Notary Public, residing at Ketchum, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

281-194-022-136

315359

United States
Department of Commerce
Bureau of Census

JUL 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 620

1. **PLACE OF BIRTH**
(a) County Fremont, now Teton (b) City Leigh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 12 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Leigh
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Leigh, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Osmond Earl Wilding Shaw

5. Date of Birth (Month, day, year) April 4, 1899

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Osmond Wilding Shaw
11. Color or Race White
12. Age at time of THIS birth 46 x yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Ann Atwood
17. Color or Race White
18. Age at time of THIS birth 40 x yrs.
19. Birthplace Harbor Creek Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own

22. Name prophylactic used to prevent **Ophthalmia Neonatorum**
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Henrie Shaw (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) July 8, 1941 (Date received) (b) Florence Davidson (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Rosa Shaw Henrie M.D. (D.O., ~~Midwife, etc.~~)
and address Sister Driggs Idaho Date July 8, 1941

State of Idaho
County of Teton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Shaw Henrie, being first duly sworn, say that I am Related (Related to (or) acquainted with) Earl Wilding Shaw (Name of person on certificate above) as his Sister - - - - - - - (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellen Letham (Name of attendant at birth), who attended said birth is now deceased - - - (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.** I further State that I was in attendance at said Birth. Rosa Shaw Henrie Signature
Driggs, Idaho. P. O. Address

Subscribed and sworn to before me on this 8th day of July - - - - - - - 19 41.

(SEAL) Amanu N. Clark Notary Public, residing at Driggs, Idaho.
Com. Exp. March 18, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813-220-235-253

United States
Department of Commerce
Bureau of Census

RECEIVED JUL 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 15373
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Juanita Hall (~~Hackett~~)
5. Date of Birth (Month, day year) July 20, 1899
6. Sex female
7. Twin or Trip'let If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James William Hall
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation painter
15 Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Atta M. Selig
17. Color or Race white
18. Age at time of THIS birth 25 yrs
19. Birthplace Myrtle Creek, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) Mary F. Fuller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beulah M. Adams, being first duly sworn, say that I am related (Related to (or) acquainted with) Juanita Hall ~~Hackett~~ (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician (Name of attendant at birth), who attended said birth is deceased (Is now deceased or cannot be located) and that this birth has not been previously recorded.

Clyde Hall Trick
Wilsonville Ore

Beulah M. Adams
Signature
No. 110 S. main St. Newberg, Oregon
Post Office Address

Subscribed and sworn to before me on this 5th day of July, 1941

(SEAL) M. L. Boyd
Notary Public, residing at Newberg, Oregon
MY COMMISSION EXPIRES APRIL 20, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-230-235-359

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 14 1941

State File No. 315378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Nezperce
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Home of parents near Nezperce, Idaho
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nezperce
(d) Street Address or R.F.D.No. country
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Nezperce

3. RESIDENCE of FATHER (city, state) Nezperce

4. FULL NAME OF CHILD Elizabeth Cecilia Jacobs

5. Date of Birth (Month, day year) Oct 30, 1899

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nicholas H Jacobs
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace St Joseph, Stearns Co Minn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Leither
17. Color or Race white
18. Age at time of THIS birth 33 yrs
19. Birthplace Stearns Co Minn (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mabel H Eelper (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nicholas H Jacobs, being first duly sworn, say that I am father (Related to (or) acquainted with) of Elizabeth Cecilia Jacobs (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Powell of Nezperce, Ida (Name of attendant at birth) who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nicholas H. Jacobs Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this July 18 day of 1941

(SEAL) Orpha Smithee Notary Public, residing at Nezperce Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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862-103019-319

315442

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 17

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315442
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Clayton
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D.No. None
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Clayton, Idaho

3. RESIDENCE of FATHER (city, state) Clayton, Ida.

4. FULL NAME OF CHILD Laurens Hull Hosford

5. Date of Birth (Month, day year) Oct. 3rd 99

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Hosford
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Polk City - Iowa (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Market

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Charlotte Larson
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 17 1941 (Date received) Mark Teller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Holly Elder, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Laurens Hull Hosford (Name of person on certificate above) as an acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Huston (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Holly Elder. Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of July, 1941

(SEAL) D. H. Horton Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

665 116 036 665

315505

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 18 1941

State File No. 315505
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ONEIDA (b) City MALAD
(c) Street Address or R.F.D. No. BANNOCK ST.
(d) Name of Hospital or Maternity Home: HOME OF PARENTS
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ONEIDA
(c) City MALAD
(d) Street Address or R.F.D. No. BANNOCK ST.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** EDWARD PEABODY OWENS

5. Date of Birth (Month, day, year) MARCH 16 - 1899

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDWARD OWENS
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace NORTH OGDEN, UTAH (City or town) (State or foreign country)
14. Exact Occupation MINER AND BUSINESS
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLEN PEABODY OWENS
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace MALAD IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES
(c) Born alive and now dead NO (d) Stillborn NO

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 1:20 o'clock A. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as half sister (Mother, etc.)

26. (a) JUL 18 1941 (Date received) (b) Mary H. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Monterey } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna O. Jones, being first duly sworn, say that I am related (Related to (or) acquainted with) to Edward Peabody Owens (Name of person on certificate above) as half sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MARY ANN ADAMS (Name of attendant at birth), who attended said birth NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna O. Jones Signature

Box 244 P. O. Address

Subscribed and sworn to before me on this 14 day of July 1941

Notary Public in and for County of Monterey, State of California

(SEAL) Edward D. Francis Notary Public, residing at Carmel, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714120-022-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315570
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Fremont (b) City: Rexburg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Fremont
(c) City: Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address: Rexburg Idaho

3. **RESIDENCE OF FATHER** (city, state): Rexburg Idaho

4. **FULL NAME OF CHILD:** Oakley Paul

5. Date of Birth (Month, day, year): Oct 20 1899

6. Sex.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Edmund Paul
11. Color or Race: White
12. Age at time of THIS birth: 60 yrs.
13. Birthplace: England (City or town) (State or foreign country)
14. Exact Occupation: Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Mary Ellen Westover
17. Color or Race: White
18. Age at time of THIS birth: 38 years
19. Birthplace: Wrexham Flintshire County, Wales (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living.....
(c) Born alive and now dead: 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Maud Fuller (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E Paul, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Oakley Paul (Name of person on certificate above) as another (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that G. E. Hyde (Name of attendant at birth), who attended said birth, Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ellen Paul — Name
267 First St Monterey Cal — Address

Subscribed and sworn to before me on this 28th day of June, 1941

(SEAL)

Notary Public, residing at Los Angeles Cal.

G.E.Magoon Los Angeles County Cal My Comm ex Mch 5, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/22/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312 116 044-375

United States
Department of Commerce
Bureau of the Census

JUL 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315594
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Washington (b) City Near Council
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county ....years ....months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Hornet Creek, near Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Council, Idaho

3. RESIDENCE OF FATHER (city, state) Near Council

4. FULL NAME OF CHILD John Sylvester Lakey

5. Date of Birth (Month, day, year) June 16, 1899

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Andrew Lakey
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace John Day (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Lane
17. Color or Race White
18. Age at time of THIS birth 17 years
19. Birthplace Baker (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah C. Lane (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

JUL 19

26. (a) (Date received) (b) David H. Leslie (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's OWN signature ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah C. Lane, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Sylvester Lakey (Name of person on certificate above) as his grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I attended said birth (Name of attendant at birth) who attended said birth (Is now deceased (or) cannot be located) and acted as midwife and that this birth **has not been previously recorded.**

Sarah C Lane
Name

Council, Idaho
P. O. Address

Subscribed and sworn to before me on this 7 day of July, 1941.

(SEAL) Matilda Moser NOTARY PUBLIC residing at Council, Idaho
Clerk District Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7|22741

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

115-221-035-243

316896

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Russell
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City on a homestead near Russell
(d) ~~Street Address~~ or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Russell, Ida.

3. RESIDENCE of FATHER (city, state) Russell, Ida.

4. FULL NAME OF CHILD ALDA ELLA MARIE JAENKE

5. Date of Birth (Month, day year) Sept. 21, 1899

6. Sex Female

7. Twin or Triplet ONE

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME August H. Jaenke.
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hamburg, Germany. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ione Ett. Butler
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Darien, New York. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 28-1941 (Date received) (b) Mabel K. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, August H. Jaenke, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alda Ella Marie Jaenke (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Reese, (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

August H. Jaenke Signature
4114 N. Madison St., Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 26th day of July, 1941.
(SEAL) Loraine D. Petterson Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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569-22-4629-259

United States
Department of Commerce
Bureau of Census

RECEIVED
JUL 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316906
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Jefferson St.
(d) Name of Hospital or Maternity Home: Home of Midwife
(e) Mother's stay BEFORE delivery: ~~In Hosp. or Mat. Home~~ days. 1 wk. at home Midwife
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy Idaho
(d) ~~Street Address or~~ R.F.D. No. Rt. Box 62
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Troy Ida.

4. FULL NAME OF CHILD Elsie Carolina Agusta Forell
5. Date of Birth (Month, day, year) March 24, 1899
6. Sex Female
7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Lars J. Forell	16. FULL MAIDEN NAME Emma C. Bergquist
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 44 yrs.	18. Age at time of THIS birth 42 yrs.
13. Birthplace Hopmanbro (City or town) Sweden (State or foreign country)	19. Birthplace Korna (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife.
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living
(c) Born alive and now dead 8 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lars J. Forell (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) July 25-1941 (Date received) (b) Mabel M. Eddy (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature A. M. Norquist M.D. (D.O. Midwife, etc.)
and address Seattle, Wn Date July 19/41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature
P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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362-28-035-7648

United States
Department of Commerce
Bureau of Census

JUL 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316919
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D.No. 303 - 1st Ave
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home home days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D.No. 303 - 1st Ave.
(e) How long has MOTHER lived in Idaho? 8 (3) yrs.
(f) Mother's mailing address Lewiston

3. RESIDENCE of FATHER (city, state) Lewiston

4. FULL NAME OF CHILD Gladys Coburn

5. Date of Birth (Month, day year) Nov. 18, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mos 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Rawson Morgan Coburn	16. FULL MAIDEN NAME	Olive Medeines Dwyon
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	28 yrs.	18. Age at time of THIS birth	25 yrs
13. Birthplace (City or town) (State or foreign country)	Lewiston Idaho	19. Birthplace (City or town) (State or foreign country)	Chippewa Falls, Wis.
14. Exact Occupation	merchant	20. Exact Occupation	housewife
15. Industry or Business	Harness + Saddlery	21. Industry or Business	none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Olive Coburn (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel M. Edefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive M. Coburn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gladys Coburn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sterling (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive M. Coburn Signature
411 West 14th Ave. Spokane, Wash. P.O. Address

Subscribed and sworn to before me on this 23 day of July, 1941.
(SEAL) O. H. Ivory Notary Public residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693.128-004-154

United States
Department of Commerce
Bureau of Census

JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317024
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Milton Anderson Williams
5. Date of Birth (Month, day, year) July-28-1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Morgan Williams
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Anderson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:a M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Williams (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Mary T. Geiger (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. [redacted] signature Josephine Williams (mother) (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941.
(SEAL) Lois Allard Notary Public, residing at Montpelier Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-109-029-556

317080

United States
Department of Commerce
Bureau of Census

AUG 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Julietta, Ida.

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD James Coleman Crawford

5. Date of Birth (Month, day year) Jan. 9, 1899

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anderson B. Crawford
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Madison County, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Newkirk
17. Color or Race white
18. Age at time of THIS birth 42 yrs
19. Birthplace Mexico, Missouri, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation housewife -teacher
21. Industry or Business school teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 1 1941 (Date received) (b) Maurel H. Geldon (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anderson B. Crawford, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Coleman Crawford (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Susan Richardson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

Richfield, Idaho P.O. Address

Subscribed and sworn to before me on this 25th day of July, 1941

(SEAL) Howard E. Atkins Notary Public, residing at

PROBATE JUDGE OF LINCOLN COUNTY, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

-1145-227-028-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317126
Local Reg. No. 265
Reg. Dist. No. 121

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In a Hotel
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 2 days. In Hotel
In THIS county X years X month 2 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ohio (b) County Lucas
(c) City Toledo
(d) Street Address or R.F.D. No. 532 Woodville St
(e) How long has MOTHER lived in Idaho? 2 days yrs.
(f) Mother's mailing address Toledo, Ohio
3. RESIDENCE of FATHER (city, state) Toledo, Ohio

4. FULL NAME OF CHILD Norma Virginia Adelphia
5. Date of Birth (Month, day, year) July 27-1899
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy Usual
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Del Adelphia
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Toledo, Ohio (City or town) (State or foreign country)
14. Exact Occupation Magician
15. Industry or Business Theatrical Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Minerva Hardy
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Magnolia, Iowa. (City or town) (State or foreign country)
20. Exact Occupation Musician
21. Industry or Business Theatrical Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

AUG 2 1941

26. (a) (Date received) (b) Mabel M. Edley (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Susie Josephine Burbridge being first duly sworn, say that I am related to (Related to (or) acquainted with) Norma Virginia Adelphia (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Lauretta Hardy (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Susie Josephine Burbridge Signature
2711 1/2 Jackson St. P. O. Address

Subscribed and sworn to before me on this 30th day of July, 1941 Seattle, Wash
(SEAL) Frank E. Boyle Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-214-003-869

317288

317288

United States
Department of Commerce
Bureau of Census

AUG 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Soda Springs, Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD ALLIE LORETTA TARR

5. Date of Birth (Month, day year) 5-14-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GEORGE WILLIAM TARR
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bates County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Day Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LORETTA HORSLEY
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Mabel Y. Eddefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LORETTA TARR, being first duly sworn, say that I am related to (Related to (or) acquainted with) Allie Loretta Tarr (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Geo. Gephart (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Loretta Tarr
Signature

Twin Falls, Idaho
P. O. Address

Subscribed and sworn to before me on this 7th day of August, 19 41

(SEAL) Frank L. Stephan Notary Public, residing at Twin Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-118-029-434

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317377
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address MOSCOW, IDAHO

3. RESIDENCE of FATHER (city, state) MOSCOW, IDAHO.

4. FULL NAME OF CHILD GLEN HOWARD CALDWELL

5. Date of Birth (Month, day year) JULY 18, 1899

6. Sex MALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES WILLIAM CALDWELL
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace SALEM (City or town) OREGON (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business MEAT CUTTING

MOTHER OF CHILD

16. FULL MAIDEN NAME LILA JEMINA McMULLEN
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs
19. Birthplace CASEY (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 5-1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Cheland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lila Jemina McMullen Caldwell Cook being first duly sworn, say that I am related to (Related to (or) acquainted with) Glen Howard Caldwell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. White (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lila Jemina McMullen Caldwell Cook Signature
Dryden, Washington P. O. Address

Subscribed and sworn to before me on this 4th day of August, 1941.

(SEAL) J. Harold Anderson Notary Public, residing at
NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON RESIDING AT CASHMERE.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-113-021-761

317498

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 11 1941

State File No.
Local Reg. No. 34
Reg. Dist. No. 541

1. PLACE OF BIRTH
(a) County ~~Franklin~~ Oneida (b) City Franklin
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Franklin
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Franklin

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Merle Goaslind Stockdale

5. Date of Birth (Month, day year) Jan 13, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm Stockdale
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Suffich England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Zina Goaslind
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation H.W.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Wm Stockdale (First name) (Last name), who is related to this child as Father (Mother, etc.).

26. (a) Aug 10 1941 (Date received) (b) G. W. Slates (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wm Stockdale being first duly sworn, say that I am related to (Related to (or) acquainted with) Merle Goaslind Stockdale, (Name of person on certificate above) father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellen Morgan (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wm Stockdale — Signature
Franklin, Idaho — P. O. Address

Subscribed and sworn to before me on this 7 day of August, 1941

(SEAL) Jen V. Johnson Notary Public, residing at Preston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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462-21-0035-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

317500

State File No.
Local Reg. No. 105
Reg. Dist. No. 210

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Near Orofino
(c) Street Address or R F D No. Star Route Gilbert
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years 3 months 23 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Near Orofino
(d) Street Address or R.F.D. No. Star Route Gilbert
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Gilbert Idaho

3. **RESIDENCE OF FATHER** (city, state) Gilbert Idaho

4. **FULL NAME OF CHILD** Ruth Lillian Dobson

5. Date of Birth (Month, day, year) Nov. 16, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jasmins Elias Dobson
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Deloit (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Milina Dickson
17. Color or Race White 18. Age at time of THIS birth 31 years
19. Birthplace Humpshire (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P.M. on the date and at the place stated above and that personal particulars were furnished by Bertha M. Dobson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) 7-14 (Date received) (b) H. A. Shaw (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I ....., being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Lillian Dobson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Conrad Plank (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jasmins Elias Dobson Name
Orofino Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941

(SEAL) Grant Miller Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

186-104-040-344

RECEIVED
AUG 18 1941

318697

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County: Shoshone (b) City: Gem
(c) Street Address or R.F.D.No.: --
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State: Idaho (b) County: Shoshone
(c) City: Gem
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.
(f) Mother's mailing address: Gem

3. RESIDENCE of FATHER (city, state) Gem, Idaho

4. FULL NAME OF CHILD John William Aho

5. Date of Birth (Month, day year) April 4, 1899

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME: John Aho	16. FULL MAIDEN NAME: Alexandra Luukkonen
11. Color or Race: White	17. Color or Race: White
12. Age at time of THIS birth: 30 yrs.	18. Age at time of THIS birth: 25 yrs
13. Birthplace: Finland (City or town) (State or foreign country)	19. Birthplace: Finland (City or town) (State or foreign country)
14. Exact Occupation: Miner	20. Exact Occupation: Housewife
15. Industry or Business: Mining	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 20-1941 (Date received) (b) Mabel T. Geisler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alexandra Aho, being first duly sworn, say that I am related to (Related to (or) acquainted with) John William Aho (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

alexandra aho — Signature

P. O. Address

Subscribed and sworn to before me on this 13th day of August, 19 41

(SEAL) Valli B Barnes — Notary Public

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JAN 11 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-2[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

855-223-029-599

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

318789

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No. Lilly St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Maternity Home ..... days.
IN THIS county 7 years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. Lilly St
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Hazel Lillian Hansen

5. Date of Birth (Month, day year) Feb 22 1899

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John L Hansen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Nystad (City or town) Denmark (State or foreign country)
14. Exact Occupation Cement Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Betsey Erickson
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Skien (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by John Hansen (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) AUG 7 1941 (Date received) (b) Mabel H Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Hansen being first duly sworn, say that I am related (Related to (or) acquainted with) Hazel Lillian Hansen (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Hansen Signature
MOSCOW, IDAHO P. O. Address

Subscribed and sworn to before me on this 24th day of July, 1941

(SEAL) A Melgard Notary Public, residing at MOSCOW, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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APR 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

119 209 006 863

United States
Department of Commerce
Bureau of Census

AUG 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318801
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Bridge Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Blackfoot Idaho.

3. RESIDENCE of FATHER (city, state) Blackfoot,

4. FULL NAME OF CHILD VENA MAUDE JARVIS (Married Name: Vena Maude Edwards)

5. Date of Birth (Month, day, year) April 9, 1899

6. Sex Female

7. Twin or Triplet --

If so—born ~~1st, 2nd, 3rd~~ ~~1st child~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JAMES OLIVER JARVIS
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Roaring River, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME MATTIE HOLBROOK
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Traphill, North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1st child
(c) Born alive and now dead ---- (d) Stillborn ----

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 18 - 1941 (Date received) (b) Marvel H Eckley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Stanislaus } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Jarvis, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Vena Maude Edwards, (Nee: Vena Maude Jarvis) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Givens of Blackfoot (Name of attendant at birth) who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Mattie Jarvis. Signature

701 West Main St., Turlock, California, P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) Dan E. Kilroy ~~Notary Public, residing at~~
Justice of the Peace, Turlock Township, Stanislaus County, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 222014 469 318863

318863

United States
Department of Commerce
Bureau of Census

(Because the information is as of date of birth of THIS child) AUG 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3+ yrs.
(f) Mother's mailing address Nampa Ida
3. RESIDENCE of FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Ella Evangaline Monce
5. Date of Birth (Month, day year) Feb. 22. 1899
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Harry G. Monce
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Beatrice (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farm Owner
15. Industry or Business Nurseryman

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Lucretia Morden
17. Color or Race White
18. Age at time of THIS birth 19+ yrs.
19. Birthplace Gore Bay (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born alive~~ (born alive, stillborn) at ~~2 A.~~ M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by ~~Martha L Morden~~ (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 27 1941 (Date received) (b) Mary L Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

~~25.~~ Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Monroe J. Jennings, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ella Evangaline Monce (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kathler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha L Jennings Signature
Ontario, Oregon P. O. Address

Subscribed and sworn to before me on this 27 day of August, 1941
(SEAL) Mary L Keefer Notary Public, residing at Nampa, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113 101 040-711

318934

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 25 1941

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County.....Shoshone (b) City.....Mullan
(c) Street Address or R F.D No.....?
(d) Name of Hospital or Maternity Home:
.....Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county....2....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County.....Shoshone
(c) City.....Mullan
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?....38.....yrs.
(f) Mother's mailing address.....deceased

3. **RESIDENCE OF FATHER** (city, state).....deceased.

4. **FULL NAME OF CHILD**.....Arthur A. Jacobson

5. Date of Birth (Month, day, year)...July 1, 1899.

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**.....Alex Jacobson
11. Color or Race .....White.....
12. Age at time of THIS birth.....34...yrs.
13. Birthplace.....Vassa (City or town) .....Finland (State or foreign country)
14. Exact Occupation.....Miner
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Fannie Paavola
17. Color or Race.....White.....
18. Age at time of THIS birth....23.....years
19. Birthplace....Houstinen (City or town) Finland (State or foreign country)
20. Exact Occupation.....Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child....1..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..born alive (born alive, stillborn) at.....2 p.....M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Hilma Hagaman (First name) (Last name), who is related to this child as.....Aunt (Mother, etc.)

26. (a).....AUG 25 1941 (Date received) (b).....Mabel Heeder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of.....Idaho.....
County of.....Shoshone..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,.....Mrs. Hilma Hagaman....., being first duly sworn, say that I am....acquainted (Related to (or) acquainted with) .....Arthur A. Jacobson (Name of person on certificate above) as.....aunt (State relationship or acquaintance)....., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that...Mrs. H. Rurri (Name of attendant at birth)....., who attended said birth....is now deceased (Is now deceased (or) cannot be located).....and that this birth has **not been previously recorded.**

X Hilma Hagaman.....Name
Kingston Idaho.....P. O. Address

Subscribed and sworn to before me on this.....7th.....day of.....July..... 1941

(SEAL) Mary M. Stout.....Notary Public, residing at.....Kellogg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-209035-434

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318972
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Lewis~~ Nez Perce (b) City Kamiah
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Kamiah
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Kamiah, Idaho

3. RESIDENCE of FATHER (city, state) Kamiah, "

4. FULL NAME OF CHILD Lulu Ellen Downing

5. Date of Birth (Month, day year) April 9, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Miletus Sylvester Downing
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Sublimity, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Estella McMillen
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Oakridge, Wisconsin. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 26 - 1941 (Date received) (b) Mattie T. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna E. Downing, being first duly sworn, say that I am related (Related to (or) acquainted with) Lulu Ellen Downing (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Lanway (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna E. Downing ..... Signature
Aumsville, Oregon ..... P. O. Address

Subscribed and sworn to before me this 25 day of August, 1941

(SEAL) Irma C. Speer ..... Notary Public, residing at Aumsville, Oregon

My Commission Expires June 26, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-201035-993

United States
Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319003

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Nez Perce (b) City In country near pres
(c) Street Address or R.F.D.No. town Chesley
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay BEFORE delivery: none
In Hosp. or Mat. Home ..... days.
IN THIS county I years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D.No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mary Evelyn Daniels

5. Date of Birth (Month, day year) 3/I/1899

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Edward Daniels
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace London, Canada (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elva Victoria Richardson
17. Color or Race white
18. Age at time of THIS birth 21 yrs
19. Birthplace Lebanon, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Mabel H Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Edwaed Daniels, being first duly sworn, say that I am related (Related to (or) acquainted with) Mary Evelyn Daniels (Name of person on certificate above) as parent (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Williams (midwife) (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Edward Daniels Signature

769 No. Citrus Fontana, California P. O. Address

Subscribed and sworn to before me on this 31st day of August, 1941

(SEAL) Cory E Berridge Notary Public, residing at Fontana Calif.
Justice of the Peace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/3 1/41

APR 25 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

353 102 035-419

United States
Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 519-5th Ave
(d) Name of Hospital or Maternity Home: Resecence 519-5th Ave
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 519-5th Ave
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address 519-5th Ave Lewiston Idaho

3. **RESIDENCE of FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Charles Felix Leland

5. Date of Birth (Month, day, year) Dec. 2-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Frances Leland
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Bookeeper
15. Industry or Business City Coroner for Lewiston Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Ann Martin
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Marysvill (City or town) California (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Marvel H Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Carolina Hunt, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Charles Felix Leland (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John A Morley (Name of attendant at birth), who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive Carolina Hunt Signature
10548 Regent St Palms Calif P. O. Address

Subscribed and sworn to before me on this 22 day of August

(SEAL) Pam Owen Notary Public, residing at Palms Los Angeles Calif

FOR THE COUNTY OF LOS ANGELES STATE OF CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-104014-756

319020

United States
Department of Commerce
Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Payette, Idaho.

3. RESIDENCE of FATHER (city, state) Payette, Idaho.

4. FULL NAME OF CHILD Homer Kenneth Lauer

5. Date of Birth (Month, day year) July 4th 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milton Lauer
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Idaho City (City or town), Idaho (State or foreign country)
14. Exact Occupation Public Livery Barn & Stable.
15. Industry or Business as above (Owner)

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Ellen George
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Buffalo (City or town), Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business as above

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Dora (First name) Lauer (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 26 1941 (Date received) (b) Robert H. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dora Lauer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Homer Kenneth Lauer (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Skippen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dora Lauer
Signature
P. O. Address

Subscribed and sworn to before me on this 25th day of August, 1941
(SEAL) John H. Morris Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/2-1/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417 101 035 795

United States
Department of Commerce
Bureau of Census

AUG 25 1940 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319031
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. F Street
(d) Name of Hospital or Maternity Home: - - - - -
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ... days.
IN **THIS** county 1 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. F Street
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Lewiston Idaho

3. RESIDENCE of FATHER (city, state) Lewiston Ida.

4. FULL NAME OF CHILD Vincent Edward Maguire

5. Date of Birth (Month, day year) June 1st 1899

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edward Maguire
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pittsburg (City or town) Penna (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Cigar store

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Preston
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Springfield (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead - (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Maud H Eddy (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25 Attendant's **OWN** signature ... M.D. (D.O., Midwife, etc.)
and address ... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, May Preston Maguire, being first duly sworn, say that I am related (Related to (or) acquainted with) Vincent Edward Maguire (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Stuart (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

May Preston Maguire ... Signature
Lewiston, Idaho ... P. O. Address

Subscribed and sworn to before me on this 22nd day of August, 1941

(SEAL) N. V. Eastman ... Notary Public, residing at Lewiston, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 227035-231

319066

United States
Department of Commerce
Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Latah~~ Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Latah~~ Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ecla Myrtle Wilson
5. Date of Birth (Month, day year) Feb. 27, 1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** William James Wilson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cass City, Michigan (City or town) (State or foreign country)
14. Exact Occupation Rancher.
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rose Antle Stevens
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St Helens, Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Dr J Vadney now deceased

26. (a) Aug 26-1941 (Date received) (b) Mabel Fee (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Lewis

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose Antle Wilson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Ecla Myrtle Wilson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J Vadney (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Antle Wilson — Signature
Winchester Idaho — P. O. Address

Subscribed and sworn to before me on this 1st day of August, 1941
(SEAL) ..... Notary Public, residing at Winchester Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-227022-593

United States
Department of Commerce
Bureau of Census

AUG 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319070
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Thornton
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: in Hosp. or Mat. Home — days. IN **THIS** county — years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Thornton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Cleo Lavon Nichols

5. Date of Birth (Month, day year) July 27, 1899

6. Sex Female 7. Twin or — Triplet — If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin Willard Nichols
11. Color or Race American 12. Age at time of THIS birth yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farm and Veterinarian
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Jensen Nichols
17. Color or Race American 18. Age at time of THIS birth yrs
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6 (c) Born alive and now dead 4 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 27 1941 (Date received) (b) Marvel H. Keefer (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva J. Nichols being first duly sworn, say that I am Related to (Related to (or) acquainted with) Cleo Lavon Nichols (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife was not known (Name of attendant at birth) who attended said birth. Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eva Jensen Nichols Signature
Rexburg, Ida P. O. Address

Subscribed and sworn to before me on this 18th day of August, 1941
(SEAL) E. Lee Nichols Notary Public, residing at Rexburg, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-3-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

639-103035-514

United States
Department of Commerce
Bureau of Census

AUG 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319071
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ...days
IN **THIS** county 5 years 6 month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-6mo yrs.
(f) Mother's mailing address Southwick, Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lightle, Stillman Otis

5. Date of Birth (Month, day year) Mar. 3, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lightle, Galen B.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Seahorn, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosamond Vaughan
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Upper Alton, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ...
26. (a) AUG 27 1941 (Date received) (b) Mary H. Geiser (Registrar's signature)
27. Given name added on ... by ... (Registrar's signature)
25. Attendant's **OWN** signature ... M.D. (D.O., Midwife, etc.)
and address ... Date

State of California
County of Los Angeles, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rosamond Lightle, being first duly sworn, say that I am related to (Related to (or) acquainted with) Stillman Otis Lightle (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Watts (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Rosamond Lightle — Signature
428 Daisy Ave., Long Beach, Calif. — P. O. Address

Subscribed and sworn to before me on this 25th day of August, 1941

(SEAL) Hazel Peck — Notary Public, residing at Long Beach, Calif.

My Commission Expires December 31, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-2-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-126-022 293

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319105
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: none
Father's own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) ~~Street Address or~~ R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address Ashton, Idaho

3. RESIDENCE of FATHER (city, state) Marysville, Idaho

4. FULL NAME OF CHILD Dimond Herschel Loosli

5. Date of Birth (Month, day year) Sept. 26-1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dimond Malanjo Loosli
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Salisbury
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 o'clock A. M. on the date and at the place stated above, and that personal particulars were furnished by Dimond M. Loosli (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Aug 27-1944 (Date received) (b) Mary Hyde (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dimond M. Loosli, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dimond Herschel Loosli (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Loosli (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dimond M. Loosli Signature
P. O. Address

Subscribed and sworn to before me on this 27 day of Aug 1944
(SEAL) Thos. B. Hodges Notary Public, residing at Ashton Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-114 014 632

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Samuel Edgar Hill
5. Date of Birth (Month, day year) 9/14/99
6. Sex Male
7. ~~Twin~~ or Triplet If ~~so~~ born 1st, 2nd, 3rd
8. No. ~~months~~ of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Hill
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Vislanda (City or town), Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Kristine Olson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Vislanda (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Aug 18-1944 (Date received) (b) Mary H Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva S. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Samuel Edgar Hill (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva S. Anderson Signature
915 Hays St. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of August, 1941
(SEAL) Betty W. Wright Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

613 228-044 693

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319222

SEP - 6 1941

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. Rural — St.
"Mans Creek"
(If born in hospital or institution give name.) N.A.

2. FULL NAME OF CHILD Ida Maud Watkins

3. Sex F. | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 28, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lemuel Watkins	18. Full maiden name Estella May Williams
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Ida
11. Color or race White 12. Age at last birthday 29 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Oregon	22. Birthplace (city or place) (State or Country) Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) Joseph R. Menchens, M. D.
or ....., Midwife
Address Weiser, Idaho (New Boise)

Filed SEP - 6 1941, 193....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

613-228
044-893

1. PLACE OF BIRTH
County of Washington
City of Weiser, Idaho
No. Rural St.
Mais Creek
(If born in hospital or institution give name.)

SEP - 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 319223

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ina May Watkins

3. Sex F | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 2 | 6. Premature No; Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 28, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lemual Watkins	18. Full maiden name: Estella May Williams
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser Ida
11. Color or race: White | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Oregon	22. Birthplace (city or place) (State or Country): Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ? m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Joseph R. Menenhios, M. D.
or ....., Midwife
Address Weiser Idaho (Now Boise)

Filed SEP - 6 1941 193....

Registrar.

Registrar.

485-240-040-693

United States
Department of Commerce
Bureau of the Census

SEP 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319445
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence -
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Shoshone
(c) City Spokane Mullan
(d) Street Address or ~~R.F.D.~~ No. 222 Trik Mical Spokane
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address 222 Trik place
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Ruth Frances Myers
5. Date of Birth (Month, day, year) Oct-10-1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William Henry Myers
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Salem Harrison Co, Ohio (City or town) (State or foreign country)
14. Exact Occupation Architect
15. Industry or Business Mill Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Fitzgerald Myers
17. Color or Race White
18. Age at time of THIS birth 43 years
19. Birthplace Alexandria Virginia. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Myers. (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sept. 10 - 1941 (Date received) (b) Marvel H. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Mary A. Myers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Frances Myers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Mogstad (nurse) (Name of attendant at birth), who attended said birth deceased - (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mary A. Myers Name
222 Trik Mical Spokane - Wn. P. O. Address

Subscribed and sworn to before me on this 9 day of Sept. 1941.

(SEAL) Philip Weingeist Notary Public, residing at .....

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395111 035 795

United States
Department of Commerce
Bureau of the Census

SEP 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319448
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nezperce (b) City Fletcher
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county 10 years ....months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City Fletcher
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Fletcher
3. RESIDENCE OF FATHER (city, state) Fletcher

4. FULL NAME OF CHILD Loyd Roscoe Treadwell
5. Date of Birth (Month, day, year) 4/11/1899
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Narvin Treadwell
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Alice Presnell
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Boone County, N. C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as none (Mother, etc.) (First name) (Last name)

26. (a) SEP 10 1941 (Date received) (b) Maud T. Fuller (Registrar's signature)

25. Attendant's OWN signature ....M.D. or ....(D.O., Midwife, etc.) and address Date

27. Given name added on ....by .... (Registrar's signature)

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Peter Swanson, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Loyd Roscoe Treadwell (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Stevens (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Peter Swanson Name
Craigmont, Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of Sept.
(SEAL) Lorene Fraser Notary Public, residing at Craigmont

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-203029 662

United States
Department of Commerce
Bureau of Census

SEP 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319459
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. Unknown
IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address same as above

3. RESIDENCE of FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Mildred Kessler

5. Date of Birth (Month, day year) January 3, 1899

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Russell Kessler
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Auburn, Illinois (City or town) (State or foreign country)
14. Exact Occupation Grocery & Meat Market
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Foster
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Auburn, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

SEP 9 1941

26. (a) ____ (Date received) (b) Mabel H. Geiger (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Illinois
County of Macoupin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Guy W. Kessler, being first duly sworn, say that I am a brother (Related to (or) acquainted with) of Mildred Kessler (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physcian (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Guy W. Kessler — Signature

Virden, Illinois — P. O. Address

Subscribed and sworn to before me on this 20th day of August, 1941

(SEAL) James J. Murphy — Notary Public, residing at Virden Ill.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

674-104 029-691

319478

United States
Department of Commerce
Bureau of Census

SEP 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Moscow, Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Raymond Francis Ogden.

5. Date of Birth (Month, day year) Apr. 4 - 1899.

6. Sex Male 7. Twin or Triplet If so-born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Fredrick Ogden
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Towanda, Illinois. (City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucella Grazee
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Shobetown, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

SEP 15 1941

26. (a) ..... (Date received) (b) Mabel T. Geiser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lucella Ogden Baker, being first duly sworn, say that I am Related (Related to (or) acquainted with) Raymond F. Ogden (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucella Ogden Baker Signature
Box 20 Brumpton wash. P.O. Address

Subscribed and sworn to before me on this 15 day of September 1941

(SEAL) H. H. Smith Notary Public, residing at Bremerton

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593 723 029 236

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319514
Local Reg. No.
Reg. Dist. No.

SEP 8 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days.
IN THIS county 1 years 7 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1yr 7mo yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state Moscow, Idaho

4. FULL NAME OF CHILD Paul Stone Niles

5. Date of Birth (Month, day year) October 23, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Allen Niles	16. FULL MAIDEN NAME Carrie Ellen Stone
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 40 yrs.	18. Age at time of THIS birth 30 yrs
13. Birthplace Alamosa, Iowa (City or town) (State or foreign country)	19. Birthplace Eagleport, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farmer	21. Industry or Business Housewife

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Carrie E. Niles (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) Marvel Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie E. Niles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul Stone Niles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gritman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie Ellen Niles — Signature

3453 Flower Street, Huntington Park, Calif. — P.O. Address

Subscribed and sworn to before me on this 3 day of September, 1941

(SEAL) George Freeland — Notary Public, residing at Huntington Park

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 19 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Owyhee (b) City Silver
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county / years 5 month 3 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address Silver City, Idaho.

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** William Clyde Williams

5. Date of Birth (Month, day year) Aug-26-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Williams
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace St Paul (City or town) Arkansas (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Mining

MOTHER OF CHILD Crosser

16. **FULL MAIDEN NAME** Minnie Clyde ~~XXXXXXXXXXX~~
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Nashville (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living all
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Clyde Williams, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Clyde Williams (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Weston (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie Clyde Williams Signature

322 Warm Springs Ave. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of August, 1941

(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho

Notary Public for Idaho
Residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 10 1941

1. PLACE OF BIRTH Fremont
(a) County ~~Jefferson~~ (b) City Grant
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Grant
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Grant, Idaho

3. RESIDENCE of FATHER (city, state) Grant, Idaho

4. FULL NAME OF CHILD Frank Moedl

5. Date of Birth (Month, day, year) October 22, 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Xaver Moedl
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Eichstadt, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catrina Mischler
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Manheim, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Father (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel I Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Xaver Moedl., being first duly sworn, say that I am Related to (Related to (or) acquainted with) Frank Moedl (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Henrietta Dabell (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Xaver Moedl. Signature

4379 Tuttle St, Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 20th day of August, 19 41

(SEAL) G.E. Magoon Notary Public residing at Los Angeles County Calif.
My Comm ex Mch 5, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D.No. ---
(d) Name of Hospital or Maternity Home:
Child born in the home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D.No. ---
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Wardner, Idaho

3. RESIDENCE of FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD Walter Mason Baird

5. Date of Birth (Month, day year) March 4, 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Mason Baird
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Pulaski, Ohio (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business tailoring

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adeline Hardy
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Hude, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Adeline (First name) Baird (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 15 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of Lassen } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Adeline Baird, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Mason Baird (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Matchette (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Adeline Baird Signature
P.O. Box 1867 Westwood Calif. P.O. Address

Subscribed and sworn to before me on this 11th day of September 1941

(SEAL) Martha Julia Faust Notary Public, residing at Westwood Calif.

MY COMMISSION EXPIRES MARCH 19, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

SEP 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH or Latah
(a) County ~~Lath~~ Latah (b) City Princeton
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 4 months 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Cowlitz Sask Canada

4. FULL NAME OF CHILD ELLIS ALBERT MORTON

5. Date of Birth (Month, day year) April 8, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Frederick Morton
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace near Pendleton, Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Flora Falconer
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Grindstone City Michigan (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING ~~or CANNOT BE LOCATED~~

I, Annie Flora Falconer Morton Hayes, being first duly sworn, say that I am related to (Related to ~~(or) acquainted with~~) Ellis Albert Morton (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that sister-in-law, Jessie Morton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has ~~not~~ been previously recorded.

Mrs Annie Flora Falconer Morton Hayes Signature
1420-31st So., Seattle, Washington, P. O. Address

Subscribed and sworn to before me on this 13th day of September, 1941
(SEAL) ..... Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321087
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F.D No. ?
(d) Name of Hospital or Maternity Home: ----------
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 8 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** Mildred Louise Kidd

5. Date of Birth (Month, day, year) Oct. 25, 1899

6. Sex Female

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Robert Kidd
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Colfax (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Employee
15. Industry or Business Railroad - OSL-

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Louise Pilgrim
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Maud H Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ✓ M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen P. Toolson, being first duly sworn, say that I am related (Related to (or) acquainted with) Mildred Louise Kidd (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Helen P. Toolson ..... Name
x Smithfield Utah ..... P. O. Address

Subscribed and sworn to before me on this 26 day of Sept 1941

(SEAL) Geo H Nelson ..... Notary Public, residing at Smithfield

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and uses prescribed in Chapter 2, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-228014 866

#321224 **321224**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Martha Matilda Fosnot

5. Date of Birth (Month, day year) 8-28-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Fosnot
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bloomfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kittie Lee Howard
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Caldwell (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 3 1941 (Date received) (b) Mary H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kittie Clark, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Martha Matilda Fosnot (Name of person on certificate above) a neighbor woman (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that a neighbor woman (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kittie Lee Clark — Signature
2015 No. 14th St., Boise, Idaho — P. O. Address

Subscribed and sworn to before me on this 2nd day of October, 1941

(SEAL) John Jackson — ~~Notary Public, residing at~~ Probate Judge Ada County, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-202 016-439

#321253

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 14 1941

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Oakley, Idaho

3. RESIDENCE of FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Gladys Louise Bedke

5. Date of Birth (Month, day year) February 2, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Carl Bedke
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Stettin, Germany (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming and Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Ann McIntosh
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mark T. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Polly A. Bedke, being first duly sworn, say that I am related (Related to (or) acquainted with) Gladys Louise Bedke (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jeanette Bayley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Polly A Bedke
Signature
P. O. Address

Subscribed and sworn to before me on this 10 day of October, 1944.

(SEAL) E. E. Larsen Notary Public, residing at
Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED OCT 2 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Kendrick, Ida.

3. RESIDENCE of FATHER (city, state) Kendrick, I

4. FULL NAME OF CHILD Sylvia Myrtle Bright

5. Date of Birth (Month, day year) March 12, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henderson Bright
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Nigh
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:20 P. M. on the date and at the place stated above and that personal particulars were furnished by Nora Arundell (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) OCT 2 1941 (Date received) (b) Mabel Hedges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ... being first duly sworn, say that I am related to (Related to (or) acquainted with) Sylvia Myrtle Bright (Name of person on certificate above) as a sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. D. C. Nigh (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Nora M. Arundell Signature
203 Wright St. Santa Ana, Calif. P. O. Address

Subscribed and sworn to before me on this 1st day of October 1941

(SEAL) W. S. Fenberger Notary Public, residing at Tustin Calif.

My Commission Expires August 14, 1944.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 821471
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bannock, (b) City Thatcher,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At residence of parents.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Bannock
(c) City Thatcher.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 66 yrs.
(f) Mother's mailing address Rupert, Idaho.

3. RESIDENCE of FATHER (city, state) Rupert, Ida.

4. FULL NAME OF CHILD Owen Wynne Hoopes,

5. Date of Birth (Month, day year) 2-26-1899.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mts. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Hoopes.
11. Color or Race white. 12. Age at time of THIS birth 33 yrs.
13. Birthplace Bennington, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Rancher.
15. Industry or Business Rancher for self.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luvana Cecelia Robbins.
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Weston, (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 8 1941 (Date received) (b) Mary E Elder (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. L.C.Hoopes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Owen Wynne Hoopes, (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Peck (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs L C Hoopes
Signature

Rupert, Idaho.
P. O. Address

Subscribed and sworn to before me on this 7 day of October, 19 41.
(SEAL) Paul A Turnick Notary Public, residing at Rupert, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-101-028-319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321558
Local Reg. No. 385
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Loff's Bay
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Loff's Bay
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Stenson, Idaho

3. RESIDENCE of FATHER (city, state) Loff's Bay

4. FULL NAME OF CHILD Clarence Reuben Wiks

5. Date of Birth (Month, day year) May 1, 1899

6. Sex Male **7.** Twin or Triplet —— If so—born 1st, 2nd, 3rd —— **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Wiks
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Larsen
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-7-1941 (Date received) (b) Fay P. Thomas (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Marie Wiks, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Reuben Wiks (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 129, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. E. O. Stenson (Name of attendant at birth), who attended said birth Clarence Reuben Wiks (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marie Wiks ..... Signature
Marine Route, Coeur d'Alene, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 7 day of Oct, 1941.
(SEAL) Jas. A. Foster Clerk of the District Court ~~Notary Public, residing at~~ By Jos. A. White Deputy
Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-123-040 389

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Residence St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Residence
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Chester Alfred Hansen
5. Date of Birth (Month, day year) Jan. 23, 1899
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** John Henry Hansen
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Contracting

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Christine Christensen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 15 1941 (Date received) (b) Mary T. Geller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Henry Hansen, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Chester Alfred Hansen (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harrington (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Henry Hansen Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of October, 1941
(SEAL) FRED C. BAIER, COUNTY RECORDER Notary Public, residing at Wallace, Idaho
By Vincent P. Whelan, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-124-022-653

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321838
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 63 yrs.
(f) Mother's mailing address Ashton, Id
3. RESIDENCE of FATHER (city, state) Ashton, Id

4. FULL NAME OF CHILD Daniel F. Hoffman
5. Date of Birth (Month, day year) Feb 24, 1899
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Fred Hoffman
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bern (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary L Mesherbee
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Fred Hoffman (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 17 1941 (Date received) (b) Maud E Feller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fred Hoffman, being first duly sworn, say that I am Father (Related to (or) acquainted with) related to Daniel F. Hoffman (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. U. Lorch (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fred Hoffman Signature
P. O. Address

Subscribed and sworn to before me on this 23rd day of October 1941
(SEAL) Maud E Feller Notary Public, residing at Ashton Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455 108 040 362

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321851
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: none
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Spokane
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Charles Kenneth Denbeigh
5. Date of Birth (Month, day year) July 8, 1899
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy regular
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Frank Elmer Denbeigh
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salem (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Goble
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Inez, Kentucky (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead --- (d) Stillborn ----

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 20 1941 (Date received) (b) Mary M. Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Denbeigh, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Charles Kenneth Denbeigh (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ------ (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Denbeigh Signature
R. No. 2, Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 18th day of October, 1941
(SEAL) Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-114 025-154

321862

United States
Department of Commerce
Bureau of the Census

OCT 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Green Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -- days.
In THIS county 2 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Green Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2½ yrs.
(f) Mother's mailing address Same as above

3. RESIDENCE of FATHER (city, state): Same as above

4. FULL NAME OF CHILD JESSIE ALBERT ROGERS

5. Date of Birth (Month, day, year) Aug. 14, 1899

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ALBERT HUSTON ROGERS
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace VIENNA (City or town) MISSOURI (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME IVY L. ANDREWS
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Colfax (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ivy (First name) Rogers (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 17 1941 (Date received) (b) Maude H. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ALBERT H. ROGERS, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jessie Albert Rogers (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert H. Rogers Signature
605½ Trent Ave. Terminal Hotel, Spokane, Wash. P.O. Address

Subscribed and sworn to before me on this 15th day of October, 19 41

(SEAL) Roy A. Redfield Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-023-014-295

#322916

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322916
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Olive Uncel Hughes
5. Date of Birth (Month, day year) Oct. 23, 1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Rufus Archibald Hughes
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Snow Iva Breshears
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ada County Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 24 1941 (Date received) (b) Matt Feller (Registrar's signature)
27. Given ..... Received ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Snow Iva Blessinger, being first duly sworn, say that I am Related (Related to (or) acquainted with) Olive Uncel Hughes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Snow Iva Blessinger Signature
Eagle P. O. Address

Subscribed and sworn to before me on this 24th day of October 1941
(SEAL) Myrna L. Meuller Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-227-029-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323059

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Princeton
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? eight yrs.
(f) Mother's mailing address Princeton
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marie Elva Parker
5. Date of Birth (Month, day, year) Nov., 27, 1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Kneeland Parker, L
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Minneapolis, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jane Krier
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Lexington, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 27-1941 (Date received) (b) Marvel H. Eccles (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** not living M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Jane Parker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marie Elva Parker Carlisle (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. Whittaker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs E. F. Parker .....Name

Bovill Idaho .....P. O. Address

Subscribed and sworn to before me on this 20th day of October 1941

(SEAL)

E. Hoeeand .....Notary Public, residing at Bovill Idaho.

my commission expires 7-1-43.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-28-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

L65-117014-864

#323207

323207

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 1 1941

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Caldwell Idaho

3. RESIDENCE of FATHER (city, state) " " " "

4. FULL NAME OF CHILD Earl Douglas Owen

5. Date of Birth (Month, day year) Sept. 17th 1899

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leon Douglas Owen.
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Blue Springs Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice May Howel
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Coffeeville Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 1 1941 (Date received) (b) Mary E Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. May Owen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Earl Douglas Owen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Conway (Name of attendant at birth), who attended said birth now diceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs May Owen Signature
Rout 5 Boise Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November 1941
(SEAL) Myrna L. Brewer Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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512-208-001-555 NOV 3 1941 # 323219 323219

United States Department of Commerce Bureau of Census RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City N. W. Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City N. W. Eagle
(d) Street Address or R.F.D. No. 23 yrs
(e) How long has **MOTHER** lived in Idaho? ~~24~~ yrs.
(f) Mother's mailing address Eagle, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Helen Esther Eastman

5. Date of Birth (Month, day year) Jan 8 - 1899

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dawson H. Eastman

11. Color or Race White **12.** Age at time of THIS birth 35 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Everett ~~East~~

17. Color or Race White **18.** Age at time of THIS birth ~~24~~ 23 yrs.

19. Birthplace Ada County - Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 4 M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mattie Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address 212 N. 16 Date Nov 1-1941

State of ..... County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-128-035-666

323318

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County NEZ PERCE (b) City LELAND
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ✓ days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD JOHN DONALD VINCENT

5. Date of Birth (Month, day year) March 28, 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN VINCENT
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace BREMERHAVEN (City or town) GERMANY (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA WOODWARD
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace TOPEKA (City or town) KANSAS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 31 1941 (Date received) (b) Marie H. Elder (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARVIN R. VINCENT, being first duly sworn, say that I am Related (Related to (or) acquainted with) JOHN DONALD VINCENT (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Zinn (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marvin R. Vincent Signature
LELAND, IDAHO P. O. Address

Subscribed and sworn to before me on this 28th day of Oct. 1941.
(SEAL) [signature] Notary Public, residing at KENDRICK

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-127-005-339

323323

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Myron Elliott Boyce or Boice

5. Date of Birth (Month, day year) Jan 27 - 1899

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Martin Calvin Boice

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Oxford (City or town) Idaho (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Clifford

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at time of birth A.M. on the date and at the place stated above, and that personal particulars were furnished by Louisa L. Evans (First name) (Last name), who is related to this child as aunt: his father's sister (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Louisa L. Evans Attendant ~~M.D.~~ (D.O., ~~Midwife, etc.~~)
and address 1113 San Antonio South Gate Calif. Date 24 Oct 41

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Louisa L. Evans, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) Myron Elliott Boyce (Boice) (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Howell (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature
1113 San Antonio Ave. South Gate Calif. P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1941
(SEAL) M R Beatty Notary Public, residing at Los Angeles Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-4-108-014-389

United States
Department of Commerce
Bureau of Census

NOV 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323394
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Falk's Store
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Falk's Store
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Falk's Store Idaho

4. FULL NAME OF CHILD Otto Carl Asmussen
5. Date of Birth (Month, day year) May 8, 1899
6. Sex Male
7. Twin or Triplet -- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Henry Asmussen
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Maria Christina Christianser
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2
(c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 1 1941 (Date received) (b) Maurel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Karl H. Asmussen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Otto Carl Asmussen (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Groves (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Karl H. Asmussen Signature
Lacenter, Washington P. O. Address

Subscribed and sworn to before me on this 27 day of October 19 41
(SEAL) M. Hinn Notary Public, residing at La Center Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-4-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-116-001-249

323532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 413 S. 3d St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 413 S. 3d St.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Harvey Leland Springer

5. Date of Birth of Child (Month, day, year) 3/16/1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Henry Springer
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Franklin County, Maine (City or town) (State of foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber Yard

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Burtch
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Clarksville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Dr. C. A. S. Prosser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Springer Randall
Signature

505 S. 3d St., Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 17th day of November, 19 41

(SEAL) Wm. E. Lindsay, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1941 by Mary E. Eller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-219003-419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323557
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
In My Private Home at Downey, Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home xx days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Downey, Idaho

3. RESIDENCE of FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD Vinnie Laurenson

5. Date of Birth (Month, day year) Dec. 19, 1899

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Laurenson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bressay, Shetland Isles (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith & Wheelright

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Isabella Main
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Dundee, Scotland (City or town) (State or foreign country)
20. Exact Occupation Proprietor
21. Industry or Business Hotel & Boarding House

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead xx (d) Stillborn xx
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 6 1941 (Date received) (b) Mary Elder (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jane Isabella Laurenson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vinnie Laurenson Williams (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Fanny Stoddard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jane Isabella Laurenson Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1941
(SEAL) Jas Laurenson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955713 C06 212

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323572
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr Mitchell Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. About 50 miles from Idaho Falls
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD August Frank Rene

5. Date of Birth (Month, day year) Jan 13, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Rene
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Watertown, New York (City or town) (State or foreign country)
14. Exact Occupation Retired farmer
15. Industry or Business Retired

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie Anette Bassett
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Dead

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Maud E Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alexan der Rene, being first duly sworn, say that I am Related to (Related to (or) acquainted with) August Frank Rene (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Mitchell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alexander Rene ..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 5 day of November, 19 41
(SEAL) A Worthington Notary Public, residing at Bothell

11-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551 107 030-365

323683

United States
Department of Commerce
Bureau of Census

NOV 12 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 2 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Salmon

3. RESIDENCE of FATHER (city, state) Salmon Id

4. FULL NAME OF CHILD Henry Frank Neal

5. Date of Birth (Month, day year) Dec. 7 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Meade McClellan Neal
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Olivesburg (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Alice Long
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mecanicsville (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 3 (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (born alive, stillborn) at [redacted] A M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) [redacted] (Last name), who is related to this child as [redacted] (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, BERTHA N. ROSE, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HENRY FRANK NEAL (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that NO ATTENDANT (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha N. Rose Nurse Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me on this 6th day of NOVEMBER 1941
(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

TLB 7/11 035-394

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323761
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Ilo
(c) Street Address or R.F.D. No. (now Cragmont)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ilo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Ilo, Idaho

4. FULL NAME OF CHILD Donald Jesse Gwynne
5. Date of Birth (Month, day year) Feb. 11 1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Quincy E. Gwynne
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Orange Township, Indiana (City or town) (State or foreign country)
14. Exact Occupation Lumber Mill Operator
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** La Rilla Trumbo
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bakertown Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of San Joaquin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva J. Davidson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Donald Jesse Gwynne (Name of person on certificate above) as his Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M. J. Trumbo (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

My birth was June 29, 1877

Mrs. Eva J. Davidson, Signature
1511 Stanford Ave. Stockton, Calif. P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941.
(SEAL) Leah M. Wilson Notary Public, residing at 235 E. Weber Ave. Stockton, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 208 014 132

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Emmett

3. RESIDENCE of FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD Blanche A Moulton

5. Date of Birth (Month, day year) June 8, 1899

6. Sex Girl

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Moulton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lacede Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabethistiana Atkin
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Louisville Kansas (City or town) (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.).

26. (a) NOV 14 1941 (Date received) (b) Marvel H Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Victoria Witt midwife M.D. (D.O., Midwife, etc.)
and address Emmett Date

State of Idaho
County of Wash. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I John Moulton, being first duly sworn, say that I am Related (Related to (or) acquainted with) Blanche A. Moulton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Victoria Witt (Name of attendant at birth), who attended said birth Now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Moulton Signature

P. O. Address

Subscribed and sworn to before me on this 28 day of October 1941

(SEAL) O. A. Taylor Notary Public, residing at Weiser, Idaho

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319 209 035 395

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323843
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County NEZ PERCE (b) City FOREST
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: none -- at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 11 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD DELILA LILLIAN MAY CARASCO ~~now Lillian M. Wynkoop~~

5. Date of Birth (Month, day year) Oct. 9, 1899

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd xx **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ELI CARASCO
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Castelia (City or town) Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME WILLIE AMOND CREWS (~~Carasco~~)
17. Color or Race White **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Henry County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead No (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I WILLIE AMOND CREWS COLE, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Delila Lillian May Carasco, ~~now~~ Lillian M. Wynkoop (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Brannon (Name of attendant at birth), who attended said birth now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Willie Amond Crews Cole Signature
Tillah, Wash. R. D. #1 P. O. Address

Subscribed and sworn to before me on this 14th day of November, 1941
(SEAL) [signature] Notary Public, residing at Toppenish, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No change for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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653-211-022-693

United States
Department of Commerce
Bureau of Census

NOV 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323863
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Marysville, Ida.

4. FULL NAME OF CHILD Viola Jane Wetherbee

5. Date of Birth (Month, day year) Nov. 11, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Wetherbee Jr.
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe Jane Wilson
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Phebe Wetherbee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Viola Jane Wetherbee (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Loosle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Phebe J. Wetherbee Signature
P. O. Address

Subscribed and sworn to before me on this 15 day of Nov. 1941
(SEAL) Thos. B. Vasquez Notary Public, residing at Ashton, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-117-037-236

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee Co.
(c) City Rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Owyhee, Co

4. FULL NAME OF CHILD David P. Keefer

5. Date of Birth (Month, day year) Feb. 17, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Keefer
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace SPRINGFIELD, ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Stone
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace EUREKA, Calif (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 5 ~~(b) Born alive and now living~~ 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 27 1941 (Date received) (b) Maud Y. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, CORA GROVES, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) DAVID P KEEFER (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that AMELIA STONE (Name of attendant at birth), who attended said birth NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora Groves Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of October 1941
(SEAL) Thos. J. Emerson Notary Public, residing at EMMETT, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 - 218-037-257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 324003
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Owyhee (b) City
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
at home of mother
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county. 12 years 5 months. 13 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Snake River
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address. Wilson P.O.

3. **RESIDENCE OF FATHER** (city, state). Wilson P.O.

4. **FULL NAME OF CHILD** Maydell Gilday

5. Date of Birth (Month, day, year) April 18th 1899 ~~July 4th 1926~~

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** James Charles Gilday
11. Color or Race American
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) New York State (State or foreign country)
14. Exact Occupation Labourer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Smirley
17. Color or Race American
18. Age at time of THIS birth 24 years
19. Birthplace (City or town) Fostoria ~~Ft~~ Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead ~~also 1~~ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Ella May (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 21 1941 (Date received) (b) Maud H. Geller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

~~State~~ Prince of British Columbia
County of Nanaimo } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella May Hyde, being first duly sworn, say that I am related (Related to (or) acquainted with) Maydell Gilday Jackson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Cora Brooks (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella May Hyde Name
Duncan B.C. Box 56 P. O. Address

Subscribed and sworn to before me on this 21st day of October 1941

(SEAL) Kenneth Duncan Notary Public, residing at Duncan B.C.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-218
035-859

...es
...ment of Commerce
Bureau of Census

NOV 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 324014
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mildred Elsie Robinson
5. Date of Birth (Month, day year) March 18, 1899
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Robinson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Heiney
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Gresham (City or town) Oregon (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 18-1941 (Date received) (b) Marie Feldler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice Robinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Elsie Robinson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sheff (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Robinson
Signature
619-4th Avenue, Lewiston, Idaho
Address

Subscribed and sworn to before me on this 14 day of November, 1941.
(SEAL) Ruth Wingate Notary Public, residing at .....

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-124 040-168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County [redacted]
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Wallace Ida.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Fredrick Washington Ervin

5. Date of Birth (Month, day year) Feb 24 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Abraham Ervin
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Euclaire (City or town) Wisconsin (State or foreign country)
14. Exact Occupation County Clerk
15. Industry or Business Shoshone County

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Lucinda Johnson
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Rockford (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business unknown

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Lulu Dunham (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Maud Heeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lulu Dunham, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fredrick Washington Ervin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Genewar (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lulu Dunham Signature
Okanogan, Washington P. O. Address

Subscribed and sworn to before me on this 21st day of November 1941.
(SEAL)
R. E. Johnson Notary Public, residing at Okanogan, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239 128 003 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325033
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 24 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bannock (b) City: Robin P.O.
(c) Street Address or R.F.D. No.: —
(d) Name of Hospital or Maternity Home: Born in Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Robin, Post Office
(d) Street Address or R.F.D. No.: —
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Robin, Ida

4. FULL NAME OF CHILD Henley Varian Stinger

5. Date of Birth of Child (Month, day, year) Jan 28, 1899

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Stinger
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Atchison City (State or foreign country) Kansas
14. Exact Occupation Carpenter and
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gwenlion Marley
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) North Ogden (State or foreign country) Utah
20. Exact Occupation House Wife
21. Industry or Business farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 42 years, and that Nancy (First name) Marley (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Stinger, Signature
Box 1544 Arimo Ida. P. O. Address

Subscribed and sworn to before me this 21 day of November, 1941

(SEAL) Jas. W. Henderson Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1941 by Mabel H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325114
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: So Boise
(c) Street Address or R.F.D. No.: X
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: So Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state): Boise Idaho

4. FULL NAME OF CHILD: Theodore Roosevelt Whyman

5. Date of Birth of Child (Month, day, year): May 3 1899

6. Sex: White

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**: William Harrison Whyman
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Canada (City or town) Ca (State or foreign country)
14. Exact Occupation: School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Rose Jane Hindle
17. Color or Race: White
18. Age at time of THIS birth: 33 yrs.
19. Birthplace: Columbus Ohio (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Dr Prasse (First name) 77 (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Harrison Whyman — Signature
1320 N. 6th Boise Idaho — P. O. Address

Subscribed and sworn to before me this 28 day of November, 1941
(SEAL) Cecil Evans — Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1941 by Mabel F. Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-28-004-238

325206

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Bern
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bern
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Bern Idaho

3. RESIDENCE of FATHER (city, state) Bern Idaho

4. FULL NAME OF CHILD John Schmid Kunz

5. Date of Birth (Month, day year) Feb. 28-1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Kunz
11. Color or Race white **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Unterwigen Bern (City or town) Switzerland (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Schmid
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Zurich (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as John Kunz JR. (Mother, etc.) (First name) (Last name)

26. (a) NOV 28 1941 (Date received) (b) Marjorie Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Kunz JR, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Schmid Kunz (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Francis Elizabeth Bridges (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Kunz Jr. ..... Signature
Bern Idaho ..... P. O. Address

Subscribed and sworn to before me on this 25th day of November, 1941
(SEAL) Ken Alsaud Notary Public, residing at Montpelier Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-127-203-813

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county Two years six month no days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Gen. Delivery

3. RESIDENCE of FATHER (city, state) Swan Lake, Id

4. FULL NAME OF CHILD Charles Warren Edwards

5. Date of Birth (Month, day year) April 27, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Edwards
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophronia Almira Hall
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Dalton Creek Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Junius Phillips (First name) (Last name), who is related to this child as Half Brother (Mother, etc.)

26. (a) Dec 3-194 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Riverside

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Junius Phillips, being first duly sworn, say that I am half brother (Related to (or) acquainted with) Charles Warren Edwards (Name of person on certificate above) as half brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Howell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Junius Phillips ..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 24 day of November, 194[illegible]
(SEAL) O. King ..... Notary Public, residing at Blythe Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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445-129-035-719

United States
Department of Commerce
Bureau of the Census

DEC 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325288
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In our own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD James Arthur Munden

5. Date of Birth of Child (Month, day, year) 3-29-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Jacob Madison Munden
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) Brigham City (State or foreign country) Oregon
14. Exact Occupation Labor.
15. Industry or Business Common Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Carter
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Oregon City (State or foreign country) Oregon.
20. Exact Occupation House wife.
21. Industry or Business wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ~~76~~ 42 years, and that name unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Josephine Munden Signature

P. O. Address

Subscribed and sworn to before me this 28 day of November, 1941

(SEAL) Birl C. Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Mabel T. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

325360

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32[redacted]

DEC 5 1941

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise City, Idaho

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Thomas Eldee Blackweld

3. Sex: male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1

6. Premature _____ Full term X

7. Legitimate? yes

8. Date of birth Jan. 8 1899 (Month, Day, Year)

9. Full name (FATHER): Logan Dameron Blackweld

10. Residence (usual place of abode) (If non-resident, give place and State): Boise City, Idaho

11. Color or race: white | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Macon Co. Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Office Janitor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work: about 1912 19__

17. Total time (years) spent in this work: 18 yrs.

18. Full maiden name (MOTHER): Jennie Etta Miller

19. Residence (usual place of abode) (If non-resident, give place and State): Boise City, Idaho

20. Color or race: white | 21. Age at last birthday: [illegible] (years)

22. Birthplace (city or place) (State or Country): Mitchell Co. Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____

25. Date (month and year) last engaged in this work: _____, 19__

26. Total time (years) spent in this work: _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 18 (b) Born alive but now dead 2 (c) Stillborn no

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan. 8th, 1899 at 11A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report -

(Date of) _____

Registrar.

(Signed) X Jennie Etta Blackwell, M. D.

or _____, Midwife

Address 119 N. Calaveras St. Fresno, Calif

Filed 12-5-41, 19__ Mabel T. Geller

DEC 5 1941

Registrar.

231-108-001-493

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California, } ss.
County of Fresno

Jennie Etta Blackweld being first duly sworn says that she is the mother (Relationship of child)* of Thomas Edee Balckweld born January 8th, 1899 (Date of birth) at Boise City, Idaho, whose certificate of birth is hereto attached, and that Jennie Etta Blackweld desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Thomas Eldee Blackweld hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Butterfield ~~M. D.~~ Midwife was the medical attendant at the birth of said Thomas Eldee Blackweld and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Jennie Etta Blackwell
P. O. Address 119 N. Calaveras St. Fresno, Calif.

Subscribed and sworn to before me this 2nd day of December, 19 41

Alvimae Kiefer
Notary Public.

my expiration April 15, 1945.

Residing at Fresno, California, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 9 1941

893-119-040-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 3 1941 STATE OF IDAHO

State File No. 325397
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Mullan Ida.

3. **RESIDENCE OF FATHER** (city, state) Mullan Ida

4. **FULL NAME OF CHILD** ALFRED — HILL

5. Date of Birth (Month, day, year) JAN. 19 - 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John — Lussa
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wasa Laani (City or town) Finland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amalia — Heikkila
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Wasa Laani (City or town) Finland (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) ~~Born~~ alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Amelia Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 3 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Pauline Mäki ~~M.D.~~ or (D.O., Midwife, etc.)
and address Cataldo, Ida. Date Nov. 29-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and data prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-202-014-859 325534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325534
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Margaret Belle Whipple

5. Date of Birth of Child (Month, day, year) Dec. 2, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willis Raymond Whipple
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Lindys Lane (City or town), Penn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Belle Heyeltine
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Wetmore (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Mrs. Kaylea (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura B. Whipple Signature
1601 Washington St. P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941.
(SEAL) J. F. Montandon Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1941 by Mabel Geifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

JAN 21 1952

dup of 1899-278486

519-123-029-251

United States
Department of Commerce
Bureau of the Census

DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325592
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years ~~—~~ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Guy Edgar Harris

5. Date of Birth of Child (Month, day, year) April 23 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Elmer Chester Harris
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Oakland (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Viola Beesley
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pilot Rock (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum know nothing about this
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that Charles C. Worthington M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Viola Harris ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 8th day of December, 194[illegible]

(SEAL) A. Hamer ..... Notary Public, residing at Hermiston Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Comm. expires Dec 31 1944

Received for filing on Dec 10 - 1941 by Mabel H. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-111-003-485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325609
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At my parent's home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No. now deceased
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Arimo, Idaho

4. FULL NAME OF CHILD Zeb Vance Gunter, Jr.

5. Date of Birth of Child (Month, day, year) Sept. 11, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Zeb Vance Gunter, Sr.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Barkers Creek, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Matilda Myers
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Blount County, Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for All life years, and that Mrs. Barker (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H. Gunter — Signature
Arimo, Idaho — P. O. Address

Subscribed and sworn to before me this 6th day of December, 19 41.
(SEAL) Henry L. Wilson — Notary Public, residing at Arimo, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Maud T. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-206-029-386 325651

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Leona Bell Lindsay

5. Date of Birth (Month, day year) 8/6/1899

6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Stonewall Jackson Lindsay
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Ellen Thompson
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Pennsyvania (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Dec 11-1941 (Date received) (b) Mabel H Feeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Stonewall Jackson Lindsay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leona Bell Lindsay (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hinze (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Stonewall Jackson Lindsay Signature
Route 2, Springfield, Oregon P. O. Address

Subscribed and sworn to before me on this 29th day of November, 1941.
(SEAL) Edward T. Coyle Notary Public, residing at Eugene, Oregon
My commission expires 11/8/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-121-044-165

325656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1947

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325656
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 703 State St.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 703 State St
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Thomas Theodore Ennor

5. Date of Birth of Child (Month, day, year) Sept. 21, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John T. Ennor
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace London, (City or town) England (State or foreign country)
14. Exact Occupation Livery Stable and
15. Industry or Business FeedStore

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie E. Jones
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace John Day, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Dr. C.B. Shirley (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mollie E. Barton ..... Signature
Weiser, Ida ..... P. O. Address

Subscribed and sworn to before me this 4th day of December, 1947.

(SEAL) Jno. T. Gaughan ..... Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1947 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-102-014-213

325675

United States
Department of Commerce
Bureau of the Census

DEC 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 825675
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD John Fife Fletcher

5. Date of Birth of Child (Month, day, year) 11/2/1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emroy Rolland Fletcher
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie Myrta Ball
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Amherst, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 years, and that Dr. Kohler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Abbie Eastman — Signature
R#5 Boise Idaho — P. O. Address

Subscribed and sworn to before me this 13 day of December, 1941.
(SEAL) W. Huber — Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1941 by Mabel F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395 704 007 366

325877

United States
Department of Commerce
Bureau of the Census

DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Albert Marion Lietzke

5. Date of Birth of Child (Month, day, year) Jan. 4, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Rudolph Lietzke
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace do not know (City or town) (State or foreign country)
14. Exact Occupation Mining and teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ellen Cook
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Wheatland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Mrs. Rebecca Cook (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Ellen Lietzke Donnelly
Signature

Hailey, Idaho
P.O. Address

Subscribed and sworn to before me this 10th day of December, 19 41

(SEAL) Joseph M. Field Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Maud Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-111-003-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 16 1941

State File No. 325895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ONE years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDAHO

4. FULL NAME OF CHILD EARL BURTON YOUNG

5. Date of Birth of Child (Month, day, year) NOV. 11-1899

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SAMUEL BERRY YOUNG
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace CROMWELL (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation LOCOMOTIVE PIPE FITTER
15. Industry or Business O.S.L. RAIL ROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE LENORA COLE
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace ALLAMAKEE COUNTY (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by SAMUEL B. YOUNG (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that THE MIDWIFE (NAME UNKNOWN) (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel B. Young Signature
Box 482 LA CRESCENTA, CALIF. P. O. Address

Subscribed and sworn to before me this 13TH day of DECEMBER, 1941

(SEAL) Herbert A. Scheuner Notary Public, residing at LA CRESCENTA, CALIF.
HERBERT A. SCHEUNER
My Commission Expires Oct. 23, 1945.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 16 1941 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845 721 014-315

325937 325937

United States
Department of Commerce
Bureau of the Census

DEC 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 2 mi. NW of City
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2 mi. NW of Nampa
(e) How long has **MOTHER** lived in Idaho? 3 yrs. 10 m. yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD George Andrew ~~Huntly~~ E. HUNTLEY

5. Date of Birth of Child (Month, day, year) Mar. 21 - 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Huntly
11. Color or Race Caucasian
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Gertrude Lane
17. Color or Race Caucasian
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 12 years, and that DR. JH MURRY (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Edith Moisten
Signature

R.F.D. #1, Nampa, Idaho
P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941

(SEAL) Fred Martin, Jr.
Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1941 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213/16 001433 DEC 22 1941 325943 325943

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. IDAHO between 4th & 5th
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD MARVELL George BACON

5. Date of Birth of Child (Month, day, year) MARCH 16 1899

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wallace Bacon
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace BOISE (City or town) IDAHO (State or foreign country)
14. Exact Occupation MACHINIST
15. Industry or Business BLACKSMITH

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH Elisabeth McCellen
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace ROCK ISLAND (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Dr. George Callister (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Sperkes Signature
1913 N 14th Boise P. O. Address

Subscribed and sworn to before me this 22 day of December, 1941.
(SEAL) Cecil Ennis Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Maud Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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381-204-004-339 325959

United States
Department of Commerce
Bureau of the Census

DEC 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Muriel Evelyn Chapin

5. Date of Birth of Child (Month, day, year) Feb. 4, 1899

6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnacy full 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Archibald Chapin
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Syracuse (City or town) New York (State or foreign country)
14. Exact Occupation Decorator and Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Cornelia Clifton
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Mendota (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 p. M. on the date and at the place stated above, and that personal particulars were furnished by Jessie (First name) Chapin (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife · Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Mrs (First name) Bridges (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie C. Chapin Signature
Emmett, Idaho, R4 Box 71 P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941.
(SEAL) Elsa Salskov Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

23) 227 025 296

326067

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 18 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Kooskia, Idaho
3. RESIDENCE of FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD ALMA EUDORA KYLE
5. Date of Birth (Month, day year) Nov. 27, 1899
6. Sex F
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Kyle
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Maple Grove, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Isabella Brown
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hawley, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) DEC 18 1941 (Date received) (b) Mary F Eder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature No attendant or physician M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Flora Kyle, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alma Eudora Kyle (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that there was no one (Name of attendant at birth), who attended said birth as physician or midwife (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Flora Kyle
Signature
Route 1, Kooskia, Idaho
P. O. Address

Subscribed and sworn to before me on this 4th day of December 1941

(SEAL) ..... Notary Public, residing at Grangeville, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245 115 014 212

United States
Department of Commerce
Bureau of Census

DEC 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 326109

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none - at home -
(e) Mother's stay **BEFORE** delivery: none
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Hubert Lester Sundman

5. Date of Birth (Month, day, year) May 15, 1899

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lars Frederick Sundman
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Gottenburg - Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Grace Baker
17 Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Council Bluff Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:47 a M. on the date and at the place stated above, and that personal particulars were furnished by Henrietta Sundman (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) DEC 19 1941 (Date received) (b) Marion T. Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Sonoma } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henrietta Sundman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hubert Lester Sundman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Isham (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henrietta Grace Sundman Signature
1057 — 7th St Santa Rosa P. O. Address

Subscribed and sworn to before me on this 17th day of December, 1941

(SEAL) WALTER H. NAGLE, County Clerk
By Grace B. Cochran Deputy Clerk

Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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745-183-061-299 327171

United States Department of Commerce Bureau of the Census

DEC 27 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327171
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: No. 12th Street
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ada years 3 yrs months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: No. 12th Street
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Albert H. Pierce

5. Date of Birth of Child (Month, day, year): May 23, 1899

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Bert W. Pierce
11. Color or Race: White
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Dodge County (City or town), Wisconson (State or foreign country)
14. Exact Occupation: Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** May Briley
17. Color or Race: White
18. Age at time of THIS birth: 27 yrs.
19. Birthplace: Fowler (City or town), Indiana (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr. Hailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bert W. Pierce — Signature
3315 Minnesota St. Boise — P. O. Address

Subscribed and sworn to before me this 27th day of December, 1941.

(SEAL) Va Bennett — Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1941 by Clydell Bridges, Asst., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-229-029-851

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD ADELHEID LORETTA KAUFMANN
5. Date of Birth (Month, day year) Jan. 29, 1899
6. Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME JACOB KAUFMANN
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Jordonsville, Orange County, Va. (City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business Dexham & Kaufmann

MOTHER OF CHILD
16. FULL MAIDEN NAME HELEN FRANCES HEACOCK
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Olga G. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, HELEN FRANCES KAUFMANN, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of ADELHEID L. KAUFMANN (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Helen Frances Kaufmann Signature
Margaret Baylor Inn, Santa Barbara, Cal. P. O. Address

Subscribed and sworn to before me on this 18th day of December, 1941

(SEAL) Margaret M. Lynch Notary Public, residing at San Francisco

NOTARY PUBLIC
In and for the City and County of San Francisco, State of California
My Commission Expires Feb. 10, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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538-218-007-235 327325

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Alturas Hotel
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. Alturas Hotel
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Helen Ely

5. Date of Birth of Child (Month, day, year) Sept. 18, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Warner Ely
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ridgway, Pa. (City or town) (State or foreign country)
14. Exact Occupation Mine Owner and Promoter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Laverne Stephens
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Emporium, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature R. L. Nourse M.D. ~~Midwife~~ Address PO Box 2177 Boise, Idaho Date Dec 30/41

State of Pennsylvania
County of Cameron } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr. Nourse (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie L. Ely Michael Gen Signature
Howard Circle, Emporium, Pa. P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941.
(SEAL) E. P. Larson Notary Public, residing at Emporium Pa
MY COMMISSION EXPIRES MARCH 7, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Maurel H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-210-035-386

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 22 1941

State File No. 327362
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Orofino
(d) Street Address of R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Kate Dove

5. Date of Birth (Month, day, year) June-10-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Abraham Lincoln Dove
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Circleville, W.Va. (City or town) (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Thompson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Riverton, W.Va. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mabel Hefner (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Phebe C. Carr (midwife) M.D. (D.O., Midwife, etc.)
and address Orofino, Ida Date 12/18/41

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Phebe C Carr, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Kate Dove (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Phebe C. Carr (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Phebe C. Carr — Signature
Orofino, Idaho — P. O. Address

Subscribed and sworn to before me on this 19th day of December, 1941

Notary Public in and for the State of Idaho residing at Orofino therein. (SEAL)
Commission expires Jan. 22, 1943

R. W. Merrill — Notary Public, residing at Orofino, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

SEP 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327430
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address —

3. RESIDENCE of FATHER (city, state) —

4. FULL NAME OF CHILD Henry Adolf Sanders (or Zanders)
5. Date of Birth (Month, day year) 18 Dec 1941
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Herman Hugo Sanders (or Zanders)
11. Color or Race German
12. Age at time of THIS birth — yrs.
13. Birthplace Poland (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Maas
17. Color or Race German
18. Age at time of THIS birth — yrs.
19. Birthplace Poland (City or town) (State or foreign country)
20. Exact Occupation —
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child — (b) Born alive and now living
(c) Born alive and now dead — (d) Stillborn unknown

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by — (First name) (Last name), who is related to this child as

26. (a) SEP 29 1941 (Date received) (b) (Mother, etc.) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature — M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George R. Sanders, being first duly sworn, say that I am Brother (Related to (or) acquainted with) Henry A. Sanders (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George R. Sanders Signature
1125 Ave A Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of Sept 19 41
(SEAL) R. Sanders Notary Public, residing at Lewiston
Commissioner for Idaho in the Prov. of Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249/130-029-354

327500

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: GLENN SMITH

5. Date of Birth of Child (Month, day, year): 8-30-1899

6. Sex: MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** HARLEY THOMAS SMITH
11. Color or Race: WHITE
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: ALBIA (City or town) IOWA (State or foreign country)
14. Exact Occupation: FARMER
15. Industry or Business: GENERAL FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** ROSETTA BELL TEMPLE
17. Color or Race: WHITE
18. Age at time of THIS birth: 20 yrs.
19. Birthplace: ALBIA (City or town) IOWA (State or foreign country)
20. Exact Occupation: HOUSEWIFE
21. Industry or Business: HOUSEKEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum: NONE

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that DOCTOR (First name) BECK (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Belle Smith — Signature
General Delivery Lewiston, Idaho — Address

Subscribed and sworn to before me this 22 day of DECEMBER 1941.
(SEAL) John L. Phillips — Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Marvel H. Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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599 117006613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 24 1941

State File No. 327504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville

4. FULL NAME OF CHILD Joseph Enock Erickson

5. Date of Birth of Child (Month, day, year) Oct. 17th 1899.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd third

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Erickson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hedemora, Sweden. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah M. Walker
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Five Points, Utah (Ogden) (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 42 years, and that Dr. Behle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x William Seth Erickson Signature

Lewisville, Idaho. P. O. Address

Subscribed and sworn to before me this 17 day of December, 19 41

(SEAL) Rach L. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1941 by Mabel H. Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-125-006-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327611
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) deceased.

4. FULL NAME OF CHILD Lewis Emanuel Lundberg

5. Date of Birth of Child (Month, day, year) Dec. 25, 1899

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl John Lundberg
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Canning
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Johnson
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Galsberg, Ill. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Caroline Lundberg (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Ann Lundberg Signature
Rt. 5 Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941

(SEAL) W. L. Brewrink CLERK OF THE DISTRICT COURT Notary Public, residing at By C. A. Williams Deputy Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel Y. Ed[illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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359-113-608-363

327637

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 23 1941

State File No. 327637
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Irwin Burr Levy

5. Date of Birth of Child (Month, day, year) 10-13-1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Burr Levy
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer & Stock Grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Clarissa Locke
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Lyndon (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Locke Noland (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Agnes Locke Noland M.D. Midwife Address Montour Idaho Date Dec. 20th 1941

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, ~~that I am now~~ 70 years of age, that I have known this person for 42 years, and that Anna Locke Noland (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

I. B. Levy Signature
Sweet Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941

(SEAL) Caroline A. Douglas Notary Public, residing at Sweet Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Maud E. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-119-025-981

327694

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Stites
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: on a ranch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mansfield Whitney Anderson

5. Date of Birth of Child (Month, day, year) 9-19-1899

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No.

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Anderson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ryan
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bethlehem (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child [illegible] Born alive [illegible] now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years, and that name (First name) forgotten (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Anderson Signature
312-16 Street Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 26 day of December, 1941.

(SEAL) C. P. Hinkle Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 7-1942 by Mabel H. Leeper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such [illegible] report may be received and filed by the local registrar for [illegible] the Bureau of Vital Statistics for the purposes and uses [illegible] in Chapter 2, Title 38, Idaho Code Annotated, when such [illegible] is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 105 029 433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED
MAY 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

327796

CERTIFICATE OF BIRTH

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH

County of Latah

City of Potlatch

No._____ St._____

(If born in hospital or institution give name.)

2. *FULL NAME OF CHILD* Samuel Angelo Michael

3. Sex Male

If plural births 4. Twin, triplet, or other Single 5. Number, in order of birth_____

6. Premature_____ Full term ✓

7. Legitimate? ✓

8. Date of birth Dec. 5, 1899 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name George William Michael Jr.	18. Full maiden name Jennie Ullery
10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch dec eased Cashmere Wn	19. Residence (usual place of abode) (If non-resident, give place and State) Cashmere Wn
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 16 (years)
13. Birthplace (city or place) (State or country) Wilson County Kansas	22. Birthplace (city or place) (State or country) Viola, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc._____
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work_____	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work_____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn –

28. If stillborn, period of gestation_____ months or weeks

29. Cause of stillbirth_____ Before labor_____ During labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (BORN ALIVE OR STILLBORN) at 1:00 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W S Dartt, M. D.

or _____, Midwife

Address Palouse Wash

Give name added from a supplemental report_____ (DATE OF)

_____ *Registrar.*

Filed JAN 2 1942, 193__ Mabel H Ellis *Registrar.*

613 124 023 843 327915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Laclede (now Bonner)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Spirit Lake, Idaho

4. FULL NAME OF CHILD George Lyman Fallis

5. Date of Birth of Child (Month, day, year) June 24, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George L. Fallis
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Union Township, Stark County (City or town) (State or foreign country) Ind.
14. Exact Occupation Retired railroader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ester Hutchinson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Connorville, Wisc. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by George L. Fallis (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George L. Fallis Signature
Spirit Lake, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941

(SEAL) M. Morrison Notary Public, residing at Spirit Lake, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Marvel H. Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

49-72-046-276

JAN 8 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328126
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Centralia Wash.

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Edgar Lewis Marshall

5. Date of Birth (Month, day year) Sep 20th 1899

6. Sex Male Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Marshall
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Pelja (City or town) Nova Scotia Canada (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Broshears
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Winlock (City or town) Washington (State or foreign country) Lewis
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes (c) Born alive and now dead None (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice Marshall (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 8 1942 (Date received) (b) Mabel Hilden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary Alice Marshall M.D. (D.O., Midwife, etc.)
and address Los Angeles Caly Date 12/29/41

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Mary Alice Marshall, being first duly sworn, say that I am Mother (Related to ~~(or) acquainted~~ with) to Edgar Lewis Marshall (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Dempsey (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Alice Marshall Signature
362 North Ave 57 Los Angeles Cal. P.O. Address

Subscribed and sworn to before me on this 29th day of December 1941.
(SEAL) Mary N. Cadaret Notary Public, residing at Los Angeles, Caly

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires February 13th, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

711 111 014415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 7 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
in home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Ida

4. FULL NAME OF CHILD Grove Tone Gray

5. Date of Birth of Child (Month, day, year) Dec 11th 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Grove C. Gray
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ord (City or town) New York (State or foreign country)
14. Exact Occupation banker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arnella Davis
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Corning (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature dead M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grove C. Gray Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942

(SEAL) Chas E Stems Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel F Geeser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1942

United States Department of Commerce Bureau of the Census 16-36-036-275

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328148
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 7 ~~months~~ ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Franklin
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) ~~Utah~~ Franklin Ida.

4. FULL NAME OF CHILD Chester Birrington Jolley

5. Date of Birth of Child (Month, day, year) Aug 30, 1899

6. Sex M

7. ~~Twin or~~ Triplet ~~If so~~ born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Rutledge Jolley
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Chesnowill (City or town) Utah (State or foreign country)
14. Exact Occupation Mill worked and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Blackburn Birrington
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace St. Louis (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Mrs. (First name) Hawks (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Annie Blackburn Birrington Jolley Signature
839-10th St. San Bernardino, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942

(SEAL) Ruth Macklin Notary Public, residing at San Bernardino, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires April 8, 1943

Received for filing on JAN 7 1942 by Mabel H. Geiger, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

60-117-(11-48)

328205

328205

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Route 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Lewis Frasier

5. Date of Birth of Child (Month, day, year) Jan. 17, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Smith Frasier
11. Color or Race white
12. Age at time of THIS birth 54 yrs.
13. Birthplace (City or town) New York State (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alida Fidilia Maybee
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Ontario, Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Dr. George Hailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alida Fidelia Maybee Frasier Little — signature
Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 12th day of January, 19 42
(SEAL) M. E. Dunlap — Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12 - 1942 by Mabel H. Gulp, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 12 1942

State File No. 328211
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida

4. FULL NAME OF CHILD STILLMAN-EDGAR LANG

5. Date of Birth of Child (Month, day, year) Oct 28 1899

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ALBERT HENRY LANG
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace SANDUSTY (City or town) OHIO (State or foreign country)
14. Exact Occupation RAILROAD EMPLOYEE
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLIE MULLARKEY
17. Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace MT CARROL (City or town) ILL (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 42 years, and that O. B. (First name) Steelay (Last name) who attended this birth, is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Lang Signature
960 Main St Caldwell O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) Lil Herrman Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mamie [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States JAN 13 1942 (Be sure the information is as of date of birth of THIS child) State File No. 328244
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO 328244 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 450 S. 2nd Ave.,
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 450 So. 2nd Ave
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD (Mary) Lola Elsie Trapp

5. Date of Birth of Child (Month, day, year) Feb. 16, 1899

6. Sex Female 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edwin Trapp
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Andrew County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Proprietor
15. Industry or Business Liquor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Ashton
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Visalia, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Dr. O. B. Steely (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie Ashton Trapp Signature
140 S. Dillon St., Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me this 20 day of December, 1941.
(SEAL) G. A. Lerner Notary Public, residing at Los Angeles, Cal
My Commission Expires September 16, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 950 W Washington St.

Received for filing on JAN 13 1942 by Mary Heeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 289-705040-456

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328348
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mace
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: home birth
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mace
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho 3 Mo. 2 days

3. RESIDENCE OF FATHER (city, state) MACE, IDAHO.

4. FULL NAME OF CHILD JOHN JEREMIAH SHINE

5. Date of Birth of Child (Month, day, year) Oct. 5, 1899

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnacy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jeremiah N. Shine
11. Color or Race white 12. Age at time of THIS birth 54 yrs.
13. Birthplace New Orleans, Louisiana (City or town) (State or foreign country)
14. Exact Occupation Watchman for Standard Mine, Mace, Idaho
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian M. Moore
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Sleepy Eye, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't recall.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Dr. Conyea Wallace, Ida. (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian M. Shine ..... Signature
Carlyle Hotel Spokane, Wn. ..... P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42.
(SEAL) M. E. Mack ..... Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Maurice H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328403
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee-Ida.

4. FULL NAME OF CHILD Crystal Susan Glover

5. Date of Birth of Child (Month, day, year) 11-20-1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Michael D. Glover
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Glasco (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Mabel Scoggin
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Kings } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that Dr. Beck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Glover Snow Signature
Spokane Wn 2022 E 18th P. O. Address

Subscribed and sworn to before me this 9 day of January, 1942
(SEAL) [illegible] Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel Heller Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328466
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Jordan Valley Ore
(c) Street Address or R.F.D. No. (Post office)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louis Albert Azcunaga

5. Date of Birth of Child (Month, day, year) April 16, 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Augustine Bartholomew Azcunaga
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bilbao (City or town) Spain (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Augustina Uruguiza
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Spain (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mrs McCain (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Azcunaga Signature
1205 N 17th St Boise P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 42
(SEAL) Ira E. Hagh Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 15 1942 by Mabel H Gephen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 717 GROVE ST
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD HAROLD STANLEY SCHWEITZER

5. Date of Birth of Child (Month, day, year) 6-19-1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy REG

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE SCHWEITZER
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace NEW CASTLE, PA. (City or town) (State or foreign country)
14. Exact Occupation BUTCHER
15. Industry or Business MEAT BUSINESS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LULU MAY GOULD
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace ELKHART, INDIANA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that DR. DUBOIS AND ROSSER (First name) (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lulu May Schweitzer Signature

P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942

(SEAL) Marion E. Ore Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Jan 15. Marion E. Ore Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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JAN 9 1942 276-218 022851

328531

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Market Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Market Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mildred Helen Brooke

5. Date of Birth of Child (Month, day, year) Nov. 18 1899

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hervey Delray Brooke
11. Color or Race white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Baltimore (City or town) Maryland (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chalistie Delila Yeaman
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. County of Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Annie Cummings (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chalistie Delila Hayworth Signature
20744 Tarkania ST Canoga Park Calif. Address

My Commission Expires February 13, 1944

Subscribed and sworn to before me this 22nd day of Dec., 1941

(SEAL) Otto A. Schlumd Notary Public, residing at Canoga Park Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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269-217037-291

*328588

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City SILVER CITY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City SILVER CITY
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City, Idaho

4. FULL NAME OF CHILD LORNA ESTELLE YORK

5. Date of Birth of Child (Month, day, year) February 17, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LEM ADOLPHUS YORK
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Lewiston (City or town), Maine (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Publisher Owyhee Avalanche

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE BRADY
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace New Diggings (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr. W. R. Hamilton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. E. York Signature
1515 N. 20th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942
(SEAL) Karl W. Barbe Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16 - 1942 by Marvel F. Eleber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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615-228 044813

328607

328607

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Anna Elizabeth Winkler

5. Date of Birth of Child (Month, day, year) 4-28-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mark Andrew Winkler
11. Color or Race American
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Halverson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 42 years, and that Dr. (First name) Lee (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lulu Mariah Osborn Signature
1324 Ada St. Boise, Ida. P. O. Address

Subscribed and sworn to before me this 16th day of January, 1942
(SEAL) M. E. Healy Notary Public residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Mabel E. Eeles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 107 001 993 JAN 17 1942 328608 328608

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho.

4. FULL NAME OF CHILD Ray Sailor

5. Date of Birth of Child (Month, day, year) 2-7-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ren Sailor
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Jasper County (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Jane Ritchie
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Matilda Nelson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ren Sailor Signature
P. O. Address

Subscribed and sworn to before me this 17 day of January, 1942
(SEAL) M. E. Healy Notary Public residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Mabel H. Gaston, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-225-001-243

328636

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328636
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Brandorunto
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Meridian

3. **RESIDENCE of FATHER** (city, state) Meridian

4. **FULL NAME OF CHILD** Hazel Anna Smeed

5. Date of Birth (Month, day, year) March 25, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy ✓ 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Edwin Smeed
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Illinois stat (City or town) (State or foreign country)
14. Exact Occupation covering Orchard
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Jane Bratcham
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace England, Saranage (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Maud F. Elder
(Registrar's signature)

26. (a) JAN 19 1942 (Date received) (b)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Payson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I James Edwin Smeed, being first duly sworn, say that I am related (Related to (or) acquainted with) Hazel Anna Smeed (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Pomfrey (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Edwin Smeed Signature
Cadwell Idy P. O. Address

Subscribed and sworn to before me on this 17 day of January 1942

(SEAL) Mueer Notary Public, residing at Cadwell Idy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-106-006-345

328678

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonneville~~ Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls,

4. FULL NAME OF CHILD Asa Urwin Messervy

5. Date of Birth of Child (Month, day, year) Nov. 6, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Williard U. Messervy
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Cunningham
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Idaho Falls, Ida (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 66 years of age, that I have known this person for 66 years, and that Dr. (First name) - Jones (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willard U. Messervy — Signature
Idaho Falls, Rt. 2 — P. O. Address

Subscribed and sworn to before me this 30th day of Dec., 1941
(SEAL) — Notary Public residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 864 205 014 291

328693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Fox Store
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years 7 months 5 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Fox Store
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address San Jacinto

3. **RESIDENCE of FATHER** (city, state) Calif

4. **FULL NAME OF CHILD** Mahala Savina Young

5. Date of Birth (Month, day, year) June 5, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Bert Young
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) ✓ (State or foreign country) Indiana
14. Exact Occupation Sawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Mae Branon
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Oneship (State or foreign country) Utah
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JAN 10 1942 (Date received) (b) Mabel Kelfer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Riverside Co } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mother, being first duly sworn, say that I am Katie Mae Young (Related to (or) acquainted with) ____ (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mahala Savina Young Signature
San Jacinto Box 807 P. O. Address

Subscribed and sworn to before me on this 7th day of January, 1942

(SEAL) B. H. Crow Notary Public, residing at San Jacinto Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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351-120-022-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328725
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? ~~14~~ 5 yrs.

3. RESIDENCE OF FATHER (city, state) Teton, Idaho

4. FULL NAME OF CHILD Jesse Leavitt

5. Date of Birth of Child (Month, day, year) June 20, 1899

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Hyrum Leavitt
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lewiston, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Telford Stoddard
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for ~~12~~ 42 years, and that Mary Sorensen (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane T. Leavitt Signature

Teton, Idaho. P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942.

(SEAL) Basil R. Bennett Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Maurel H. Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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246-223-030-419

328839

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Carmen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ola Smout

5. Date of Birth of Child (Month, day, year) July 23, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Winslow T. Smout
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Annie Martin
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** [redacted]ature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Lyra John Parmer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Annie Martin Smout Signature
205 South 12 St. Co. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) Mt. McKay Notary Public, residing at Kelso.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Mary, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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863-101-030-651

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329002
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi. (b) City Salmon.
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home Own days. home, IN THIS county 30 years -- month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi.
(c) City Salmon.
(d) Street Address or R.F.D. No. None.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Salmon Idaho.

3. RESIDENCE of FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD Arther Lawrence Holbrook.

5. Date of Birth (Month, day, year) Oct. 1, 1899.

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine. 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Linnsey Moody Holbrook.
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Vermont. (City or town) (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business Working for wages.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Margret Weatherman.
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Kansas. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 8:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Walter Holbrook. (First name) (Last name), who is related to this child as Brother. (Mother, etc.)

26. (a) JAN 21 1942 (Date received) (b) Mildred Zeller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature x Walter Holbrook M.D. (~~D.O., Midwife, etc.~~) and address ..... Date

State of Idaho. }
County of Lemhi. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Walter Holbrook., being first duly sworn, say that I am Related. (Related to (or) acquainted with) Arther Lawrence Holbrook. (Name of person on certificate above) as Brother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kinney. (Name of attendant at birth), who attended said birth Deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Arthur Lawrence Holbrook (Signature)
Walter Holbrook
P. O. Address

Subscribed and sworn to before me on this 19 day of Jan., 1942

(SEAL) Ora Beal Notary Public, residing at Pocatello, Idaho
Comm. Exps. 9-22-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-206-037-356 329011

United States
Department of Commerce
Bureau of the Census

JAN 22 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Homedale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Homedale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Homedale, Ida

4. FULL NAME OF CHILD Esther Thomas

5. Date of Birth of Child (Month, day, year) Oct. 6, 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Thomas
11. Color or Race white 12. Age at time of THIS birth 54 yrs.
13. Birthplace (City or town) (State or foreign country) England
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Lewis
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) (State or foreign country) England
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 42 years, and that the doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leslie Thomas. Signature
Houlton, Oregon P. O. Address

Subscribed and sworn to before me this 19 day of January, 19 42
(SEAL) Notary Public, residing at Ft. Shelton, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-944, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mavel [illegible] Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-108-008-319 F 329018

United States
Department of Commerce
Bureau of the Census

JAN 22 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329018
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City, Ida.
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
Staid at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City, I.

4. FULL NAME OF CHILD Edmond Thomas Barry

5. Date of Birth of Child (Month, day, year) Sept. 8, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmond William Barry
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Randolph, Mass. U. S. A. (City or town) (State or foreign country)
14. Exact Occupation Branch Bank Manager
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Carrigan
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Pioneerville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Dr. Warren Newell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Barry Signature
923 E. Washington St. Boise, Ida. P. O. Address

Subscribed and sworn to before me this 22 day of Jan, 1942.
(SEAL) R. W. Parkour Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-131-001-551

329081

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Evan Smith

5. Date of Birth of Child (Month, day, year) July 31 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Dexter Agile Smith
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Freeport (City or town) (State or foreign country)
14. Exact Occupation Iowa
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Mabel Evan
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Vermont (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Meridian M. on the date and at the place stated above, and that personal particulars were furnished by Blanche McAlister (First name) (Last name) who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Mrs Madlock, ~~M.D.~~ Midwife Address since deceased. (17 yrs ago) Date

State of Wash
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 years of age, that I have known this person for 4 years, and that Mrs. Madlock (First name) (Last name), who attended this birth Donna deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Estella McAlister Signature
1301 So G St P. O. Address

Subscribed and sworn to before me this 13 day of Jany, 194 2
(SEAL) Mae Murray Notary Public, residing at Tacoma Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mabel E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-102-025-493

329113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
In his parents home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Denver, Ida.

4. FULL NAME OF CHILD James Lawton Miller

5. Date of Birth of Child (Month, day, year) Nov. 2, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lafayette Miller
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Jane Miller
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Polk Co., Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles P. Miller Signature

434 Bridge St., Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.

(SEAL) [illegible] Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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2-5/12 2-244-1152

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City SALUBRIA
(c) Street Address or R.F.D. No. GENERAL DEL
(d) Name of Hospital or Maternity Home: AT Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City SALUBRIA
(d) Street Address or R.F.D. No. GENERAL DEL
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) SALUBRIA IDA

4. FULL NAME OF CHILD LISLE HENRY SEARS

5. Date of Birth of Child (Month, day, year) MARCH 22 1879

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOHN LOGAN SEARS
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace CHILLICOTHE MISSOURI (City or town) (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANICE JANETTE JANES
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace RENO (City or town) NEVADA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Dr. Brown (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Logan Sears Signature

8458 S.E. Bush, Portland Ore. P. O. Address

Subscribed and sworn to before me this 14 day of June, 1942.

(SEAL) M. Wm. Notary Public, residing at Portland Oregon

My Commission Expires

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary J. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-105-035 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH JAN 15 1942
STATE OF IDAHO

State File No. 330412
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (Now Lewis) (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce (Now Lewis)
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Craigmont Idaho

4. FULL NAME OF CHILD Carl Agustus Seegers Jr.

5. Date of Birth of Child (Month, day, year) Aug 5 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl August Seegers
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hegstat (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Barbara Hauck
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace San Francisco (City or town) Cal. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for all his life years, and that Mrs John Pomeroy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Barbara Seegers Signature
Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942
(SEAL) Stan Kunsler Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-106-003-955

330434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 24 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 25 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Howard Meredith Thomas

5. Date of Birth of Child (Month, day, year) November 6, 1899

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David B. Thomas
11. Color or Race white **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Merthyr Tydvil, So. Wales (City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Dairy Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha A. Reese
17. Color or Race white **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that Dr. Rooker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Thomas Fowelburg Signature
1172 E. 1st S. Salt Lake City P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942
(SEAL) O. H. Matthews Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Maurl F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-118-029-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 22 1942

State File No. 330537
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co., Id

4. FULL NAME OF CHILD Lawrence Lee Harreld

5. Date of Birth of Child (Month, day, year) Feb. 18, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Harreld
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Marion (City or town) Ind. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Sara Faulk
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fort Scott (City or town) Kans. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that Dr. Farnum (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Russ Clinton Harreld Signature
Rt. #2, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942
(SEAL) Notary Public, residing at Coeur d'Alene, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Maurel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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966-130-003-749

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330573
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 833 N. Main St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello Idaho
(d) Street Address or R.F.D. No. 833 N. Main
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Wesley Rowland

5. Date of Birth of Child (Month, day, year) 9-30-1899

6. Sex Male 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd Sixth 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John H. Rowland
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Railroad Carpenter
15. Industry or Business U. P. Railroad.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Purdie
17. Color or Race Scotch 18. Age at time of THIS birth 37 yrs.
19. Birthplace 833 N. Main St (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 37 years, and that Dr. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rowland Signature
P. O. Address

Subscribed and sworn to before me this 14 day of Jan, 1942.
(SEAL) J. Blackhurst Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mark F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-117-014-795

330600

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 3 R F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida.

4. FULL NAME OF CHILD John Wilson Pittenger

5. Date of Birth of Child (Month, day, year) 12/17/1899

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jno Wilson Pittenger
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Ohio (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Nurseryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Maude Green how
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Ripley (City or town) Brown Co Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by own knowledge (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 42 years, and that Dr. F.S.Kohler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Corinne Pittenger Sandy Signature
Meridian Idaho R 1 P.O. Address

Subscribed and sworn to before me this 15th day of Jan, 1942

(SEAL) Notary Public, residing at Nampa, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Marvel E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy, requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-121-044-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330731
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. General Del
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Weiser
(d) Street Address or R.F.D. No. General Del
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Francis Herbert Brooke

5. Date of Birth of Child (Month, day, year) Aug. 21, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William McDonald Brooke
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Butcher shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Kelly
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Vale, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Dr. W. Waterhouse (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Frances Brooke Signature
Gridley, Cal. P. O. Address

Subscribed and sworn to before me this 15 day of January, 1942.
(SEAL) Leona B. Chase Notary Public, residing at Gridley, Californi
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-108-028-142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330747
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD William Edgar Green

5. Date of Birth of Child (Month, day, year) May 8--1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Pelton Green
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Cayuga (City or town) Ontario (State or foreign country) Can.
14. Exact Occupation Railroad Section Laborer
15. Industry or Business Railroads

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Irene Jubb
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Granger (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Mrs. (First name) John (Last name) Hoaglund, who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Irene Green Signature
Morton, Washington P. O. Address

Subscribed and sworn to before me this 22 day of Jany, 1942
(SEAL) Delos J. Spaulding Notary Public, residing at Morton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mark H. Kelsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

514-115-040-043

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone ~~Clearwater~~ (b) City Pierce
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: In own Home at Pierce before & after delivery
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Clearwater~~ Shoshone
(c) City Pierce
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Pierce Idaho

3. RESIDENCE of FATHER (city, state Pierce Idaho

4. FULL NAME OF CHILD Forest VAUGHAN

5. Date of Birth (Month, day year) Jan. 15 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Justin Vaughan
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Battle Creek (City or town) Michigan (State or foreign country)
14. Exact Occupation Miner
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN ~~Ophelia~~ Georgette Ophelia Watson
17. Color or Race white
18. Age at time of THIS birth 37 yrs
19. Birthplace Blomington (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) Mary [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Karl D Vaughan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Forest Vaughan (Name of person on certificate above) as brother (19 years older) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Billy Pahl (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Karl D Vaughan Signature
Pierce Idaho Star Route P. O. Address

Subscribed and sworn to before me on this 18 day of August 1941

(SEAL) Earl J. Pease Notary Public, residing at Headquarters

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

234-11410 01-236

330785

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 12 + Franklin
(d) Name of Hospital or Maternity Home: Stayed at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 12 + Franklin
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 12 + Franklin

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Justice Willie Stamper

5. Date of Birth (Month, day year) Oct 14 - 1899

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Calvin Frank Stamper
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pella (City or town) Iowa (State or foreign country)
14. Exact Occupation Photographer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Rebekah Stoff
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace in the county (City or town) Iowa (State or foreign country)
20. Exact Occupation ~~Housewife~~
21. Industry or Business Nothing

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 20 1942 (Date received) (b) Mary E Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Oregon
County of Coos } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Stamper England, being first duly sworn, say that I am (the Mother) Related (Related to (or) acquainted with) to Justice Willie Stamper (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Spangler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nettie Stamper England Signature
4841 SE Ithmary St. Portland Oregon P. O. Address

Subscribed and sworn to before me on this 16 day of January, 1942

(SEAL) Joseph M. Kleon Notary Public, residing at Marshfield, Oregon.
My commission expires: October 26, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

493-108-035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZPERCE (b) City MOHLER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZPERCE
(c) City MOHLER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) MOHLER, IDAHO

4. FULL NAME OF CHILD WILLARD WILLIAM MILLER

5. Date of Birth of Child (Month, day, year) Dec. 8, 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SAMUEL ELY MILLER
11. Color or Race WHITE
12. Age at time of THIS birth 49 yrs.
13. Birthplace ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA JANE WALKER
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 p M. on the date and at the place stated above, and that personal particulars were furnished by MARTHA MILLER (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 16321 Mailbu Road SANTA MONICA Date JAN, 14, 1942

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Raymond Miller Signature
637W, 6th St. SAN PEDRO, CALIF. P. O. Address

Subscribed and sworn to before me this 14 day of JANUARY, 1942.
(SEAL) Rebecca E. Hardy Notary Public, residing at SAN PEDRO, CALIF.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X.714-103-006-267

330818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonneville~~ Bingham City Idaho Falls.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~
(c) City Idaho Falls. Bingham
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls. Ida.

4. FULL NAME OF CHILD Oscar George Paulus

5. Date of Birth of Child (Month, day, year) Oct 3rd 1899

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Paulus.
11. Color or Race White.
12. Age at time of THIS birth 31 yrs.
13. Birthplace Alssace-Loraine. France (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Koch.
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Alssace-Loraine. France. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon.
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Lena Koch. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Joseph Paulus Signature

Nyssa. Oregon. P. O. Address

Subscribed and sworn to before me this 16th day of January, 19 42

(SEAL) Don M Graham Notary Public, residing at Nyssa. Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-102-044-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Salubria, Ida.

4. FULL NAME OF CHILD Harry Otis Harp

5. Date of Birth of Child (Month, day, year) 11/2/1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ulysses Grant Harp
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Berry County, Missouri (City or town) (State or foreign country)
14. Exact Occupation freighter
15. Industry or Business freighter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Hall
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Williamson county, Ill. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Dr. Greene (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Harp — Signature
Cascade Idaho — P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Randall Wallis — Notary Public, residing at Cascade, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-125-006-753

33090

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Bingham JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330906 6
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: ~~Bonneville~~ (b) City: Ucon
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~XXX~~ 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: ~~Bonneville~~ Bingham
(c) City: Ucon
(d) Street Address or R.F.D. No.: no
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Wilford Robinson

5. Date of Birth of Child (Month, day, year) April 25th, 1899

6. Sex: male

7. Twin or Triplet: single If so—born 1st, 2nd, 3rd: 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee S. Robinson
11. Color or Race: white
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Hooper, Utah. (City or town) (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business: farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie J. Petersen
17. Color or Race: white
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: Ovid, Idaho. (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business: housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum: dont know

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Josephine Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie J. Robinson ..... Signature
Ucon, Idaho ..... P. O. Address

Subscribed and sworn to before me this 20 day of January, 1942

(SEAL) Vaal R. Bennett ..... Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

53F-207-028-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Kootenai JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330954
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Lane~~ (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lane
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~5~~ 6 yrs.

3. RESIDENCE OF FATHER (city, state) Lane, Idaho

4. FULL NAME OF CHILD Rosetta Celia Elder

5. Date of Birth of Child (Month, day, year) Feb. 7, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel O'Connell Elder
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Kilwinning, Scotland Co. Mo. (City or town) (State or foreign country)
14. Exact Occupation farmer and dairyman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Estella Ross
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Plains, Luzerne Co. Penn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature unable to locate M.D. Midwife Address Date

State of Wash. }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jessie E. Elder ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 24th day of January, 19 42

(SEAL) Katherine Wilson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-107-236-631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330961
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Idaho.

4. FULL NAME OF CHILD Dwight Flack Stalker,

5. Date of Birth of Child (Month, day, year) July 7, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willard Smith Stalker
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Franklin, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Rebecca Flack
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Duquoin, (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Fremont, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Mrs. Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie T. Stalker Signature

R. F. D. 1, St. Anthony, Idaho, P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 42

(SEAL) [illegible] Notary Public, residing at St. Anthony, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-109-036-133

330992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Battle Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Battle Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Edwin Bench

5. Date of Birth of Child (Month, day, year) Dec 9, 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John W. Bench
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Allen
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace West Weber Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Bench (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mary E. Bench (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Fannie Swann (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Bench Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 19 day of January, 1942
(SEAL) Notary Public, residing at Preston Id
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-19-1942 by G. W. Slates, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-127-201-713 331055

United States
Department of Commerce
Bureau of the Census FEB 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 3 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 314 Bannock St.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho.

4. FULL NAME OF CHILD John Albert Myers

5. Date of Birth of Child (Month, day, year) March 27, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Lincoln Myers
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) USA (State or foreign country)
14. Exact Occupation Street Car Motorman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna-May-Packenham
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Baxter Springs (City or town) Kansas (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 years, and that Dr. (First name) McCalla (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. W. Packenham Signature
1803 North 24th St Boise Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 42.
(SEAL) [signature] Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money or postal coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effec[redacted] Chapter 191, 1911 Session Laws, has not been recorded, or [redacted] failure to report any birth which has occurred subsequen[redacted] date, such report may be received and filed by the local reg[redacted] record in the Bureau of Vital Statistics for the purposes a[redacted] prescribed in Chapter 2, Title 38, Idaho Code Annotated, wh[redacted] report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-218-029-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331141
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah Co. (b) City Anderson P.O
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah Co.
(c) ~~City~~ Anderson P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ollie Theresa Peterson

5. Date of Birth of Child (Month, day, year) Aug 18, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Swan Peterson
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Malmo - Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bengta Monsen
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Unshunda Sweden (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Wm John Gibson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bengta Peterson Signature
Portland Oregon P. O. Address

Subscribed and sworn to before me this 17 day of Jan, 1942
(SEAL) F. H. Wagner Notary Public, residing at Portland Ore.
My Commission Expires Jan 13, 1942
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331203
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton Idaho

4. FULL NAME OF CHILD Leslie D Phillips

5. Date of Birth of Child (Month, day, year) April 19 1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas James Phillips
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alvera Dees
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannevile } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Dr. (First name) Canfield (Last name), who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Crockett Signature
Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) Delbert Hopkins Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Merl Hopkins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 22 1942

State File No. 331241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owhyee (b) City Delemar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owhyee
(c) City Delemar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Delamar, Id.

4. FULL NAME OF CHILD William Harmon Reger

5. Date of Birth of Child (Month, day, year) Oct. 4 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gilbert Reger
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Harris, (City or town) Missouri (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mine laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Jane Cox
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] 1% Crams Sol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Missouri
County of Grundy } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Dr. (First name) Plummer (Last name), who attended this birth [redacted] (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Reger Simmons — Signature
Spickard, Missouri — P.O. Address

Subscribed and sworn to before me this 19th day of Jany, 19 42

(SEAL) J. E. Tracy — Notary Public, residing at Spickard, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Feb. 14, 19[illegible]

Received for filing on JAN 22 1942 by Maurel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595 123036-595 331246

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331246
Local Reg. No.
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ondiea (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Free A Nielson

5. Date of Birth of Child (Month, day, year) Dec 23, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter E Nielson
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Nielson
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Milton (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H Earl Nielson Signature
Preston Idaho R.R.1 P. O. Address

Subscribed and sworn to before me this 3d day of January, 1942

(SEAL) Stanley Sutton Notary Public, residing at Preston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-2-42 Mary E Edwards by G. W. Slater, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-114 OH-135 331249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331249
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD James Ralph Murray

5. Date of Birth of Child (Month, day, year) June 14, 1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Murray
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Kirksville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Alexander
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Rolla (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Wasco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that James William Murray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Earl Murray Signature
Route #4, The Dalles, Oregon P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942
(SEAL) Bertha Darnell Notary Public, residing at The Dalles, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559 120 006914

331436

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1942

State File No. 331436
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clarence William Neider

5. Date of Birth (Month, day, year) August 20, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Neider
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bloomington, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian May Ramey
17 Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Gate City, Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 9 1942 (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian May Neider, being first duly sworn, say that I am related (Related to (or) acquainted with) to Clarence William Neider (Name of person on certificate above) as mother; (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D'Orr Poynter (Name of attendant at birth), who attended said birth cannot now be located. Do not know address (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillian May Neider — Signature
Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1941

(SEAL) Gregory Jones — Notary Public, residing at Blackfoot, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-202016-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331523
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rock Creek Cassia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Edna Dawson

5. Date of Birth of Child (Month, day, year) Dec. 2 1899

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward A. Dawson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda A. Herg
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 42 years, and that Wm Lawrence Harrison (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Catherine Dawson Signature
..... P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942

(SEAL) R. B. Smith Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel Hedlen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 202029844

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331525
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah Idaho (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Juliaetta

4. FULL NAME OF CHILD Lenore Cimith Williams

5. Date of Birth (Month, day year) Sept 2, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME David Smith Williams
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emerine Humphrey
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Tinnewell (City or town) Ill (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 26 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Allen A Williams, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lenore Cimith Williams (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not Known (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Allen A Williams Signature
Deer Park Wash P. O. Address

Subscribed and sworn to before me on this 23 day of January, 1942
(SEAL) [signature] Notary Public, residing at Deer Park

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331580
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of ~~this birth~~)
(a) County: Idaho (b) City: Colonewood
(c) Street Address or R.F.D. No.: —
(d) Name of Hospital or Maternity Home: at residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bascom Ellsworth Lamb

5. Date of Birth of Child (Month, day, year) May 1, 1899

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Ellsworth David Lamb
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Cook County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 42 years, and that Dr. Russell Truitt (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellsworth D Lamb Signature

P. O. Address

Subscribed and sworn to before me this 17 day of Jan, 19 42

(SEAL) M. M. Stokes Notary Public, residing at R. 5 Yakima Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mabel H Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-22-028-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331597
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 or 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Isabel Harper

5. Date of Birth of Child (Month, day, year) April 22 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eli Franklin Harper
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarg Helen Ellsworth
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Benicia (City or town) California (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 40 years, and that Mrs Kelso (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie E. Ruggin Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.
(SEAL) Mary Howard Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-116-028-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331600
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Modoc (b) City: Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: My mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Shoshone
(c) City: Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Murray, Ida.

4. FULL NAME OF CHILD Arthur West Hooper.

5. Date of Birth of Child (Month, day, year) May 16 - 1899

6. Sex: Male

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Norman Hooper.
11. Color or Race: American
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Chispo Flat (City or town) Calif. (State or foreign country)
14. Exact Occupation: Miner.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Elizabeth Sumner.
17. Color or Race: American
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Rich Hill (City or town) Missouri (State or foreign country)
20. Exact Occupation: Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3. (b) Born alive and now living: yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Mrs. Evans (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Elizabeth Hooper Signature
Ele Elum, Wash. R#2 P. O. Address

Subscribed and sworn to before me this 23 day of Jan, 1942
(SEAL) W. L. McKinney Notary Public, residing at Franklin Co.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by W. L. McKinney, Regis'

6-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795 713 036 443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 29 1942

State File No. 331635
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Kimama
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Kimama
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Kimama, Idaho

4. FULL NAME OF CHILD Edgar Leroy Green

5. Date of Birth of Child (Month, day, year) July 13, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Ulyssis Green
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wyoming, Illinois (City or town) (State or foreign country)
14. Exact Occupation Railroad Track Foreman
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Pauline Mullen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Creete, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 45 years, and that Eliza (First name) Regan (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Pauline Green — Signature
Florence R. Klauda - Deputy Clerk — P. O. Address
Subscribed and sworn to before me this 24 day of January, 1942 — 27th Dist Court
(SEAL) — Notary Public, residing at Newton, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-11 035 273

331678

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 5 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address As above

3. RESIDENCE of FATHER (city, state) As above.

4. FULL NAME OF CHILD George Rey Reinhardt

5. Date of Birth (Month, day, year) June 11, 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George F. Reinhardt
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Billow
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 5 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha E Reinhardt, being first duly sworn, say that I am Related to (Related to (or) acquainted with) George Rey Reinhardt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Webb (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) (Probably deceased) and that this birth has not been previously recorded.

Martha E Reinhardt Signature
Nezperce Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of February, 19 42

(SEAL) Perry W Mitchell Notary Public, residing at Nezperce Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-118-022-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331689
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jefferson~~ Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None--Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state) Same (Deceas

4. FULL NAME OF CHILD James T. Welch

5. Date of Birth of Child (Month, day, year) Sep. 18, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Toda Welch
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hudson, (City or town) Michogan (State or foreign country)
14. Exact Occupation Farmer-Stockman-School Teacher
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Cure
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Grant City, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ~~Idaho~~ Oregon
County of ~~Bingham~~ Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr. Mitchell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Ora Welch
Signature
1710 Oregon Ave., Klamath Falls, Ore.
Address

MY COMMISSION EXPIRES MAY 11th, 1942.

Subscribed and sworn to before me this 29th day of January, 1942

(SEAL) ..... Notary Public, residing at Klamath Falls Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 108 037 367 FEB 11 1942 331817

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331817
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City WILSON
(c) Street Address or R.F.D. No. POSTOFFICE
(d) Name of Hospital or Maternity Home: COUNTY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City DELEMAR
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) WILSON IDAHO

4. FULL NAME OF CHILD WALTER EDWARD SWETLAND

5. Date of Birth of Child (Month, day, year) JAN. 8 1899

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES MINOR SWETLAND
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace MOUND VALLEY (City or town) NEVADA (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA WYNETTA COX
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace FLETCHER (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at 2-30 P. M. on the date and at the place stated above, and that personal particulars were furnished by CORA (First name) HALL (Last name), who is related to this child as AUNT (Mother, etc.)

25. Attendant's **OWN** signature Cora Hall. ~~M.D.~~ Midwife Address BOX 105 BOISE IDA. Date 2-11-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-213-035-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331833
Local Reg. No.
Reg. Dist. No.

Mg Pure FEB 2 1942

1. PLACE OF BIRTH:
(a) County ~~NEZ PERCE~~ LEWIS (b) City NEZ PERCE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City NEZ PERCE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address NEZ PERCE, IDAHO

3. RESIDENCE of FATHER (city, state) NEZ PERCE IDAHO

4. FULL NAME OF CHILD GRACE MILDRED FARRAR
5. Date of Birth (Month, day, year) SEPT. 13, 1899
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME COUNCIL MOORE FARRAR
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace BENTONVILLE (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LOUSETTA JANE BREECH
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace LEBANON (City or town), MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lousetta Jane Farrar, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) GRACE MILDRED FARRAR (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lousetta Jane Farrar Signature
Box 563, Sepulveda, California P. O. Address

My Commission Expires November 19, 1944
Subscribed and sworn to before me on this 27 day of Jan., 1942
(SEAL) Henry K. Shaffer Notary Public, residing at 7324 Sepulveda Blvd. Van Nuys Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 6 1942 433 231-003-362

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Weston, Idaho, at home of Grandmother
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jennie Pearl McClurg

5. Date of Birth of Child Aug. 31, 1899 (Month, day, year)

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Nichols McClurg
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mt. Ayr, Ringgold, Iowa (City or town) (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Coburn
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Weston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family (First name) Record Book (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Husband~~ Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 25 years, and that Olletta Jensen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

~~Leonard Dewain Peterson~~ Martha Jane McClurg Signature

Preston ~~Downey~~, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of December, 19 41.

(SEAL) Henry J. Nielsen Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391 207 007 663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331861
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City HAILEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City HAILEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MARIE LOUISE CRAMER

5. Date of Birth of Child (Month, day, year) July 7-1899.

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John CRAMER
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace Eagle Pass (City or town) TEXAS (State or foreign country)
14. Exact Occupation MEAT MARKET
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIE WOLTERS
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace Georgetown (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum a. g. N. O. 3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) CRAMER (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that Dr. N. J. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cramer Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 27 day of January, 19 42.

(SEAL) D. W. Walker Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel Hetzler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-223 029 313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD MANIE MAY ROBERTS

5. Date of Birth of Child (Month, day, year) AUG. 23-1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FRANK W. ROBERTS
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace HARRISBERG (City or town) PENN. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OLIVE E. CALLISON
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace LASENE (City or town) KANSAS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 43 years, and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank W. Roberts Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 31- day of Jan., 1942

(SEAL) Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843125 006912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331896
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City SHELLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 0 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City SHELLEY
(d) Street Address or R.F.D. No. GEN'L DELIVER
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) SHELLEY IDAHO

4. FULL NAME OF CHILD EDWARD LEROY HULL

5. Date of Birth of Child (Month, day, year) 12-25-1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS MARTIN HULL
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace HOOPER (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HELENA FREDRICA RASMUSSEN
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace COPENHAGEN (City or town) DENMARK (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 42 years, and that (First name) Jimett (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Louise Hull Korherr — Signature
309 Division Olympia Wash — P. O. Address

Subscribed and sworn to before me this 2nd day of Feb., 1942
(SEAL) Pauline C. Stillman — Notary Public, residing at Olympia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Maud E. Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 213 001-251 331980

FEB 2 1942

331980

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Hazelton Moran

5. Date of Birth of Child (Month, day, year) Dec. 13, 1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Linton Moran
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Oscola Mo (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Violona Beasley
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Middleton Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all her life years, and that Dr. Fairchilds (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Violona Moran Signature

Boise R.F.D. 1 P. O. Address

Subscribed and sworn to before me this 11 day of February, 19 42

(SEAL) O M Young Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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533 109 035-296

RECEIVED FEB 1942

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Oneida

City of Lewiston

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

332003

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No.

Hospital

FULL NAME OF CHILD Clara Brown Elliott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jan. 9 1899 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Alfey E Elliott	FULL MAIDEN NAME Ella M Brown
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Bates County-Mo. A farm near Butler Mo	BIRTHPLACE Piatt County Illinois
OCCUPATION Painter.	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M. on the date above stated.

(Signature) C W Shaff M D

(Physician or midwife)

Address Lewiston Idaho

Filed May 4 1927 Susan E Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281 117 036 532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Oneida FEB 4 1942

State File No. 332031
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Franklin~~ (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Renold Joseph Sharp

5. Date of Birth of Child (Month, day, year) Aug. 17, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Irven Sharp
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mellisa Elsworth
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Mrs Head (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Preston, Idaho
P. O. Address

Subscribed and sworn to before me this 31st. day of Jan., 19 42

(SEAL) Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331 2D8-006-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332036
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Mary Elizabeth Clark

5. Date of Birth of Child (Month, day, year) 12/8/99

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Clark
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Newfield, Durham County, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Elmira Wise
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:05 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie E. Clark (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie E Clark Signature

P. O. Address

Subscribed and sworn to before me this 31 day of January, 19 42

(SEAL) Notary Public, residing at San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mark H. Leeper, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-110-029-2113

332145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Evert Alvin Tyrrell

5. Date of Birth of Child (Month, day, year) Sept. 10, 1899

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Tyrrell
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Concordia (City or town), Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Lee Matthews
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Sterling (City or town), Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that L. J. Gutoman (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Bessie Tyrrell Signature
Kennewick Wash P. O. Address

Subscribed and sworn to before me this 2 day of Feby, 1942
(SEAL) J. A. Canny Notary Public, residing at Pendleton Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm exp 4-7-42

Received for filing on FEB 5 1942 by Mary E. Hepe, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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791-115-022-253 332214

United States
Department of Commerce
Bureau of the Census

FEB 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332214
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: Plano
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: At home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Plano
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Plano, Idaho

4. FULL NAME OF CHILD RALPH MORGAN PRATT

5. Date of Birth of Child (Month, day, year) July 15, 1899

6. Sex: Male

7. Twin or Triplet: no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Orson Pratt
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Franklin, Oneida Co., Idaho (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Keller
17. Color or Race: White
18. Age at time of THIS birth: 38 yrs.
19. Birthplace: Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alice Malona Pratt Bartlett (First name) (Last name) is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Alice Malona Pratt Bartlett M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that I am the person (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Malona Pratt Bartlett Signature
60-N-N-Temple-apt 3 Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) L. Garrett Myers Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-121-022-753

United States
Department of Commerce
Bureau of the Census — Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) ~~City~~ Village (Town) Bybee
(c) ~~Street Address or~~ R.F.D. No. 1 or Lewisville
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) ~~City~~ Village of Bybee or Lewisville
(d) ~~Street Address~~ or R.F.D. No. 1 Fremont
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) 8 (8 yrs)

4. FULL NAME OF CHILD Clarence Hulgar Hoffman

5. Date of Birth of Child (Month, day, year) 21 January 1899

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Axel Hulgar Claus Hampus Folander Hoffman.
11. Color or Race Swedish
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sweden (City or town) City or town not known (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business Agriculture - Dairy

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katrina Petersen.
17. Color or Race Danish
18. Age at time of THIS birth 32 yrs.
19. Birthplace Tyulse (City or town) Ringsted Sora Amt (State or foreign country) Denmark.
20. Exact Occupation Housewife
21. Industry or Business Wife and Mother.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Grandma DaBelle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs James Kinghorn Signature
Rigby, Idaho RR 1 P.O. Address

Subscribed and sworn to before me this 10th day of February, 1942

(SEAL) Lenora M. Larsen Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

FEB 13 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

x 613-229-016-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1942

State File No. 832424
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: home.
IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sarah Althera Walker

5. Date of Birth of Child (Month, day, year) april 29. 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Walker.
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Jane Smith.
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Buckinghamshire England (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address - Date -

State of Nevada
County of Elko } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Mary Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Henry Walker Signature

Shafter Nevada P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942

(SEAL) E. Ballschweiler Notary Public, residing at Wells, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mary E. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-121-001-2213 FEB 18 1942 332484

332484

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1012 E. Bannock
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 1012 E. Bannock
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Beryl Loree Goul

5. Date of Birth of Child (Month, day, year) 9-21-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Alexander Goul
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Cherokee, Kansas (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Kizziah Bates
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Saline County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Dr. Prosser (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Kizziah Goul Signature
Route 3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42.
(SEAL) Betty W. Wright Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 218 040-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leah Naomi CONCHIN

5. Date of Birth of Child (Month, day, year) 18 Jan. 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Charles CONCHIN
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Paradise Ridge (City or town) Tenn. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Hecla Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abigail Bessie GRIFFITHS
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Edinburg (City or town) Scotland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 43 years, and that Dr. Collins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public for the State of Montana,
Residing at Butte, Montana.
My Commission Expires Dec. 31, 1942

Elias G. Griffiths Signature
217 West Park St Butte Mont. P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942

(SEAL) A. L. Dailey Notary Public, residing at Butte Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mark Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

175-227 (1-33)

332548

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 6mi. wet of Boise
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days.
IN THIS county 5 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.
(f) Mother's mailing address Boise Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mable Mae Arnold

5. Date of Birth (Month, day, year) Sept 27/1899

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lee Arnold
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Dairy Hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Mae Clark
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sidney (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at One P.M. on the date and at the place stated above, and that personal particulars were furnished by Elsie Mae Hockensmith (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

26. (a) FEB 7 1942 (Date received) by Mary L. Geller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie Mae Hockensmith, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Mable Mae Arnold (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Springer (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elsie Mae Hockensmith Signature
3504 Percy St. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 5 day of February, 1942

(SEAL) Maybelle F. Daley Notary Public, residing at 3454 Whittier Blvd Los Angeles

My Commission Expires March 27, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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964-217-003 245

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1942

State File No. 332606
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. --
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Gertrude Margaret Josephine Roux

5. Date of Birth (Month, day year) March 17,1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Winfield Roux
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation Car repairman
15. Industry or Business Oregon Short Lin R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Gertrude King
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Milton, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Wm. W. Roux (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 9 1942 (Date received) Mont Keiser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature William Oswinfield Roux. M.D. ~~(D.O., Midwife, etc.)~~
and address Father Date

State of Kansas
County of Geary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Winfield Roux, being first duly sworn, say that I am (Father) related to (Related to (or) acquainted with) Gertrude Margaret Josephine Roux (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was only person (Name of attendant at birth), who attended said birth of Gertrude Margaret Josephine Roux (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Oswinfield Roux Signature
Junction City, Kansas P. O. Address

Subscribed and sworn to before me, on this 29th day of July, 1941

(SEAL) Nina Stebbins Notary Public, residing at Junction City, Kansas

Com.expires June 22, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315-104 001 493

332665

United States
Department of Commerce
Bureau of the Census

FEB 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332665
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: RFD 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: RFD 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Chester Francis Langer

5. Date of Birth of Child (Month, day, year) Aug 4-1899

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Langer

11. Color or Race W

12. Age at time of THIS birth 36 yrs.

13. Birthplace (City or town) Austria (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Miller

17. Color or Race W

18. Age at time of THIS birth 28 yrs.

19. Birthplace (City or town) Iowa (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frank (First name) Langer (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for lifetime ~~years~~, and that Dr. W. D. Springer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Langer — Signature
RFD #1, Boise Idaho — P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942.
(SEAL) L. M. Greene — Notary Public, residing at Boise Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Maud Fred, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369/22029 696

332680

332680

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 424 "B"
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 424 "B"
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Robert Virgil Cozier

5. Date of Birth of Child (Month, day, year) Jan 22, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Virgil Cozier
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wapokoneta, (City or town) Ohio (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business U. S. District Attorney

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Fife
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Deerfield (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43 years, and that Dr. (First name) Watkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Sutton Signature
241 W. Main St., Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942.

(SEAL) Henry P. Cummack Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-131 025-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 10 1942

State File No. 332759
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Greencreek
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Greencreek
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Greencreek, Ida

4. FULL NAME OF CHILD Lester Edwin Morrison

5. Date of Birth of Child (Month, day, year) Jan. 31, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis Edwin Morrison
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Wayne County, (City or town) Genoa, Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Jane Jones
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Delware, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No medicine used

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8:50 P.M. on the date and at the place stated above, and that personal particulars were furnished by Annie Jane Morrison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Mrs J Trautman (First name) (Last name), who attended this birth can not locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie J Morrison Signature
Rt 2 Box 394 Clarkston wash P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942
(SEAL) Bertha Bowers Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mabel Yeager, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-112-007-869

332773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leonard Bailey McCoy

5. Date of Birth of Child (Month, day, year) Feb. 12-1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Geore William McCoy
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Cow Creek (City or town) Calif. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Libbie York
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Valley View (City or town) Texas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho. County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Mrs Clark (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Libbie York McCoy — Signature
Hailey, Idaho. — P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942.

(SEAL) Joseph M. Field — Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-207 036893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 13 1942

State File No. 332800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Am. Falls, Id.

4. FULL NAME OF CHILD ANNALEE KOHLHEPP
5. Date of Birth (Month, day, year) July 7, 1899
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick John Kohlhepp
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Chelsea, Massachusetts (City or town) (State or foreign country)
14. Exact Occupation Retired farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ella Hickman
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Little Cottonwood, Utah (City or town) (State or foreign country)
20. Exact Occupation Owned Millinery store
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 13 1942 (Date received) by [signature] (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie K. Nash, being first duly sworn, say that I am related to (Related to (or) acquainted with) Analee Kohlhelpp Averell (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that "Grandma" West (midwife) (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marie K. Nash Signature
1369 So. State St. Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me on this 7th day of February 1942

(SEAL) Elias R. Pope Notary Public, residing at Salt Lake City, Ut.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-731 036-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 13 1942

State File No. 332804
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 73 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. #2
(e) How long has MOTHER lived in Idaho? 73 yrs.
(f) Mother's mailing address Malad, RFD #2

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Walter Davis Jones

5. Date of Birth (Month, day, year) March 31-1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Morris Jones
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gwenfred Williams
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Cherry Creek (City or town) Ida (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 12 o'clock M. on the date and at the place stated above, and that personal particulars were furnished by Gwenfred Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 13 1942 (Date received) Mabel Geller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Dead. M.D. (D.O., Midwife, etc.)
and address Date

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gwenfred Jones, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Walter D. Jones (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Drs Drake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gwenfred Jones Signature
Malad, Idaho R.F.D. #2 P. O. Address

Subscribed and sworn to before me on this 28 day of May, 194

(SEAL) Geo C Rasmussen Notary Public, residing at Long Beach

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-216029-253

332805

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Latah (b) City: Moscow
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: ~~XXXXXXXXXXXX~~ Home all the time days.
In THIS county years 2 months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Latah
(c) City: Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1/6 yrs.
(f) Mother's mailing address: deceased
3. RESIDENCE OF FATHER (city, state): same

4. FULL NAME OF CHILD: Lela Bell Woodhouse
5. Date of Birth (Month, day, year): 10/16 /99
6. Sex: Female
7. Twin or Triplet: --
If so—born 1st, 2nd, 3rd: --
8. No. months of Pregnancy: 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Joshua Allen Woodhouse
11. Color or Race: White
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: Republic County Kansas (City or town) (State of foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME: Maude May Bell
17. Color or Race: White
18. Age at time of THIS birth: 22 years
19. Birthplace: Kicher (City or town) Indiana (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Viola L Gillenwater (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) FEB 13 1942 (Date received) (b) Marl Fleeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Ocean Lake Date 2/7/42

State of Oregon
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola L Gillenwater, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lela Belt Woodhouse (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant unknown (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Viola L. Gillenwater Name
Ocean Lake P. O. Address

Subscribed and sworn to before me on this 7th day of February

(SEAL) Charles Jens Notary Public, residing at DeLake, Oregon
my commission expires 12/21/45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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789 128 029-994

332823

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD George Silas Phillips

5. Date of Birth of Child (Month, day, year) Feb. 28-1899

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Henry Phillips
11. Color or Race white **12.** Age at time of THIS birth 59 yrs.
13. Birthplace Fabius (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Dubler ~~Phillips~~
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Dufur (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~since birth~~ 59 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs A. P. Martin Signature
Nez Perce Idaho P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942

(SEAL) Peggy S. Mitchell Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-129 035-267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 14 1942

State File No. 332853
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. Ellis St
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No. Ellis
(e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD LESTER HARTWELL HENLEY

5. Date of Birth of Child (Month, day, year) June 29th 1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Henley
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Jasper County Missouri (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Ellen Boggs
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Lewis County Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Holy Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 42 years, and that Dr (First name) Lyman (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Walter D Shaden Signature
P. O. Address

Subscribed and sworn to before me this ..... day of Feb, 1942
(SEAL) Leo W Delaney Notary Public, residing at Everett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 223040515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace.
(c) Street Address or R.F.D. No. 314 Pine Street.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 314 Pine
(e) How long has **MOTHER** lived in Idaho? Four yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sophie Ruth Kau.

5. Date of Birth of Child (Month, day, year) Jan. 23rd 1899

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Peter M. Kau
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Boonville (City or town) New York. (State or foreign country)
14. Exact Occupation Contractor and Builder.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie VanDerwerken
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Warrenton, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Attending physician was Dr. Janoway, M.D. Midwife now deceased. Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Dr. Janoway (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Kau. Signature
314 Pine Street, Wallace, Idaho. P. O. Address

Subscribed and sworn to before me this 21st day of January, 19 42.
(SEAL) ..... Notary Public, residing at Wallace, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 127 007 299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. 332924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child Born at Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Golden Warner Phippen

5. Date of Birth of Child (Month, day, year): July 27 - 1899

6. Sex: Male **7.** Twin or Triplet: Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Elmond M. Phippen
11. Color or Race: White **12.** Age at time of THIS birth: 41 yrs.
13. Birthplace: Big Cottonwood (City or town) Utah (State or foreign country)
14. Exact Occupation: Retired Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Nora Brim
17. Color or Race: White **18.** Age at time of THIS birth: 37 yrs.
19. Birthplace: Coalville (City or town) Utah (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43 years, and that Elizabeth Howard (First name) (Last name) who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Phippen Baird Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942
(SEAL) W. P. Adamson Notary Public, residing at Carey
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-126 040-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 2 1942

FEB 19 1942

332940

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City KELLOGG
(c) Street Address or R.F.D. No. 120 RR AVE
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 8 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County SHOSHONE
(c) City KELLOGG
(d) Street Address or R.F.D. No. 120 RR AVE.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** MARION GUY ALBINOLA

5. Date of Birth (Month, day, year) JUNE 26, 1899

6. Sex. MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PETER ALBINOLA
11. Color or Race WH
12. Age at time of THIS birth 40 yrs.
13. Birthplace BESANO (City or town) ITALY (State or foreign country)
14. Exact Occupation STONEMASON
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCIA GONDOLA
17. Color or Race WH
18. Age at time of THIS birth 27 years
19. Birthplace BESANO (City or town) ITALY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:45 P.M. on the date and at the place stated above and that personal particulars were furnished by LUCIA ALBINOLA (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** T. R. Mason M.D. or (D.O., Midwife, etc.)
and address Kellogg, Ida Date 7/16/42

State of IDAHO
County of SHOSHONE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LUCIA ALBINOLA, being first duly sworn, say that I am Related (Related to (or) acquainted with) Marion Guy Albinola (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. R. MASON (Name of attendant at birth), who attended said birth Kellogg, Idaho (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucia Albinola Name

114 Railroad Ave. Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of Jan 1942

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho

Commission expires July 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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332994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (Ida.) (b) City Palouse, Wn.
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse, Washington.
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above.

4. FULL NAME OF CHILD Chester Clifford Berry

5. Date of Birth of Child (Month, day, year) Aug. 25, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Nelson Berry
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Gentry Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Vance Wilson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Luella (First name) Berry (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Fisher — Signature

Palouse Wn — P. O. Address

Subscribed and sworn to before me this 17th day of Feby, 1942.

(SEAL) [illegible] Notary Public, residing at Palouse Wn

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-205022-673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 16 1942

State File No. 333012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lyman
(c) Street Address or R.F.D. No. R.F.D. No 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lyman
(d) Street Address or R.F.D. No. RFD No 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Lyman Idaho

4. FULL NAME OF CHILD Julia Reva Robison

5. Date of Birth of Child (Month, day, year) July 5 1899

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Alfred Robison
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Chloe Wilcox Robison
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cedar Fort (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person since born years, and that Lottie Wiley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Alfred Robison — Signature

My Commission Expires March 29, 1942 — 24 E, 7th. Long Beach, Calif — P. O. Address

Subscribed and sworn to before me this 11 day of February, 1942

(SEAL) J. A. Swift — Notary Public, residing at Long Beach, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-164-014493

333059

United States Department of Commerce
Bureau of the Census

FEB 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333059
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 mo ~~years~~ months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Albert John Schey

5. Date of Birth of Child (Month, day, year) Aug. 4, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wendelin Schey (now deceased)
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Germany (City or town) Foreign (State or foreign country)
14. Exact Occupation Farmer & Mine worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Michel (now deceased)
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Germany (City or town) Foreign (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in ~~Item 24~~, above, that I am now 71 years of age, that I have known this person for 42 years, and that H. S. Kohler, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Michel Signature
RFD #2 Nampa Ida P. O. Address

Subscribed and sworn to before me this 24 day of Feb, 1942

(SEAL) H. Pagelsen Notary Public, residing at Nampa Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Maurel E. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 117001-413 333085

United States Department of Commerce Bureau of the Census

FEB 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 933085
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City:
(c) Street Address or R.F.D. No.: 3
(d) Name of Hospital or Maternity Home: at the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 20 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City:
(d) Street Address or R.F.D. No.: 3
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ada County, Ida

4. FULL NAME OF CHILD James Wesley Stanton

5. Date of Birth of Child (Month, day, year) 11/17/99

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Stanton
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Battle Creek, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Daly
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Unknown (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 42 years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margarette Balatti Signature
2718 Main Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of February, 19 42.

(SEAL) M B Bowle Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469127 001 896

333131

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Fort St.
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 8 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada-Canyon
(c) City: Boise - Caldwell
(d) Street Address or R.F.D. No.: X
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Henry O'Farrell Dorman

5. Date of Birth of Child (Month, day, year) 4/27/1899

6. Sex: Male
7. Twin or Triplet: No
If so—born 1st, 2nd, 3rd: X
8. No. months of Pregnacy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry William Dorman
11. Color or Race: White
12. Age at time of THIS birth: 38 yrs.
13. Birthplace: Bluegrass (City or town) Iowa (State or foreign country)
14. Exact Occupation: Owner
15. Industry or Business: Mining - Cattle Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Frost
17. Color or Race: White
18. Age at time of THIS birth: 28 yrs.
19. Birthplace: Boise Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: X

22. Name prophylactic used to prevent Ophthalmia Neonatorum: X

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Dorman (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Dr. H. P. Ustic (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Dorman — Signature
11488 Huston St. N. Hollywood, CALIFORNIA — P. O. Address

Subscribed and sworn to before me this 5th day of February, 1942.

(SEAL) E. H. Paul — Notary Public, residing at N. Hollywood - Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter [illegible], 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-109 003 619

333143

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Arimo, Idaho.

4. FULL NAME OF CHILD Richard Edward Woodland

5. Date of Birth of Child (Month, day, year) Dec. 9, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thishel Woodland
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Willard, Box Elder Co., Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Ann Ward
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bloomington, Rich Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that Clementana (First name) Hawkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John T. Woodland
Signature

Willard, Utah.
P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942.

(SEAL)

Theron L. Lee
Notary Public, residing at Brigham City, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. 11/11/45.

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and in the manner prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343130040796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 333239
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Shoshone (b) City: Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Shoshone
(c) City: Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Chester Arthur Luttropp

5. Date of Birth of Child (Month, day, year): Sept. 30, 1899

6. Sex: male

7. Twin or Triplet: ---

If so—born 1st, 2nd, 3rd: ---

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Fred W. Luttropp
11. Color or Race: white
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Hartford, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Emma Grace Groves
17. Color or Race: white
18. Age at time of THIS birth: 17 yrs.
19. Birthplace: SmithCenter, (City or town) Kansas (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that No doctor (First name) (Last name), who attended this birth --- (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred W. Luttropp, Signature
Orofino, Idaho P. O. Address

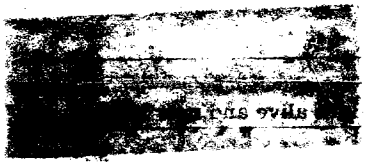
Subscribed and sworn to before me this 12th day of February, 19 42
(SEAL) Notary Public, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in [illegible] this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-130 014 FEB 28 1942 333299

United States 766
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. North 1
(d) Name of Hospital or Maternity Home: Nampa — None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Waldo ~~Oscar~~ Burns

5. Date of Birth of Child (Month, day, year) Dec. 30-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Samuel Martin Burns
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace McDonald County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer and storekeeper
15. Industry or Business Storekeeper in 1899

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Foot
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Bates County (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 48 years of age, that I have known this person for 42 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Opal [illegible] Signature
1422 [illegible] Boise, Idaho P.O. Address

Subscribed and sworn to before me this 27th day of February, 1942
(SEAL) W.H. [illegible] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Maurice F. [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 333299
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Waldo Overyl Burns (Name on Original Certificate) who born (Was Born or Died) on Dec. 30, 1899 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Older sister (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Waldo Overyl Burns	Waldo Oscar Burns

Subscribed and sworn to before me this 6th day of March, 1942

Notary Public, residing at Boise

My commission expires March 15, 1945
(Seal)

Signed Opal H. Needham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

255-128-028-693

333302

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 333302
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Athol, Idaho

4. FULL NAME OF CHILD Lewis James Bennett

5. Date of Birth of Child (Month, day, year) 9/28/1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Percy James Bennett
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ashton, Illinois (City or town) (State or foreign country)
14. Exact Occupation Section & extra gang foreman
15. Industry or Business Northern Pacific Ry. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Wilburn
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace near Garnette, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 42 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James A. Wilburn ..... Signature
210 N. 11th, Pasco, Washington ..... P. O. Address

Subscribed and sworn to before me this 7th day of February, 19 42

(SEAL) W. R. Cox ..... Notary Public, residing at Pasco, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Maud E. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169/29 003-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

State File No. 334459
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Afton Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Afton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 0 yrs.

3. RESIDENCE OF FATHER (city, state) 60

4. FULL NAME OF CHILD Clyde Milo Jorgensen

5. Date of Birth of Child (Month, day, year) 10-29-1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Jorgensen
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Sannso Holbek Denmark (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Andrus
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ogden (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Elizer Rendall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ogden Signature
P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942
(SEAL) Marie Brandy Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark Hyden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 334634
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Emmett
(c) Street Address or R.F.D. No.: Genl Del
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Emmett
(d) Street Address or R.F.D. No.: Genl Del
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

4. FULL NAME OF CHILD Della May Lively

5. Date of Birth of Child (Month, day, year) May 23 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Huston Lively
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Near Cuba (City or town) Crawford Co. Mississippi (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ettie Moulton
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person ~~for years~~ since birth, and that Dr Climer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

William Huston Lively ..... Signature
206 Highland Ave Santa Ana Calif. P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942.

(SEAL) Betty Campbell Notary Public, residing at Santa Ana Calif.

My Commission Expires July 28, 1943

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-113-003466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB - 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334669
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Robin, Idaho

4. FULL NAME OF CHILD William Gerald Jenkins

5. Date of Birth of Child (Month, day, year) Nov. 13, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Jenkins
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Provo, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Lower
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Preston, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 years, and that Nancy E. Karley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Jenkins — Signature

Box 111 Arimo, Idaho — P. O. Address

Subscribed and sworn to before me this 31 day of January, 1942.

(SEAL) J. W. Henderson — Notary Public, residing at Arimo, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel H. Walker, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Indian Valley

4. FULL NAME OF CHILD George Merrick Stewart

5. Date of Birth of Child (Month, day, year) Oct. 4-1899

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Merrick Stewart
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Pollcity Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Anderson
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Redfield Iowa (City or town) (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Mrs Emma Wilkerson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Stewart Signature
413-Chicago Caldwell P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnie (b) City R F D
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnea
(c) City near Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Benton Harold Prater

5. Date of Birth of Child (Month, day, year) Oct. 17 1899

6. Sex Male

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Taylor Prater
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Pauline Benton
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Montgomery Co. (City or town) Iowa (State or foreign country)
20. Exact Occupation wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living no.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Skagit } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that B Martin (First name) Harbertson (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie P Prater Signature
700-7th St Sedro Woolley Wash. P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942
(SEAL) Charles J Parker Notary Public, residing at Sedro Woolley Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) ~~City~~ Postoffice
(c) Street Address or R.F.D. No. Hot Springs
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) ~~City~~ Postoffice, Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Hot Springs, Idaho

4. FULL NAME OF CHILD James Robert Robertson

5. Date of Birth of Child (Month, day, year) July 30-1899

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Robert Robertson
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Mudtown, ~~Tx~~ Arkansas (City or town) (State or foreign country)
14. Exact Occupation Cattle Ranch Employee
15. Industry or Business Regular employee on ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Mertie May Storie
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Mudtown, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylaetic ~~used to prevent Ophthalmia~~ Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by parents above mentioned (First name) (Last name) who is related to this child as mother and father (Mother, etc.)

25. Attendant's OWN signature Adeline Johnston M.D. Midwife Address Castleford Date Idaho

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the father~~ an intimate friend of the family (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Adeline Johnston (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Davis Signature
122 E. Newmark Ave, Monterey Park, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of January, 1944.
(SEAL) Notary Public, residing at Huntington Park, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-109028412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 334746
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) ~~Street Address~~ or R.F.D. No. Mica Bay
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ralph Hankins

5. Date of Birth of Child (Month, day, year) Aug 9 - 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Hankins
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Alby (Mouro Co) Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Celmina Mason
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salem (Henry Co) Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Noon M. on the date and at the place stated above, and that personal particulars were furnished by Fred Hankins (First name) (Last name), who is related to this child as brother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that Libby (First name) Mason (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Hankins — Signature
Forest Grove Oregon — P.O. Address

Subscribed and sworn to before me this 7th day of July, 1942

(SEAL) Lucy Mueller Notary Public, residing at Forest Grove, Oregon
My Commission Expires Feb. 28, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mary T. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-108 044-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state Salubria, Ida.

4. FULL NAME OF CHILD Elmer Harmon Ross

5. Date of Birth of Child (Month, day, year) Sept. 8, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklyn Ross
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) (State or foreign country) Iowa
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Babb
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) (State or foreign country) Missouri
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that Mrs. Cole (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 180, 1937 Session Laws.

Mrs. Katie Ross Stearns — Signature
R.F.D. #4, Box 305, Medford, Oregon — P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) C. C. Pierce — Notary Public, residing at Medford, Oregon

NOTARY PUBLIC FOR OREGON
COMMISSION EXPIRES JULY 31, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897 215029 433

FEB 25 1942

334948

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. unknown,
(d) Name of Hospital or Maternity Home: unknown,
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 10 years – month – days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City On farm near Moscow
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address unknown

3. **RESIDENCE of FATHER** (city, state) – Kentucky

4. **FULL NAME OF CHILD** Claudine Maturea Higgins

5. Date of Birth (Month, day, year) Aug. 15, 1899.

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Pendleton Higgins
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kentucky, (City or town) (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Faetta McConnell
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Crook County, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) _____ (Date received) (b) _____ (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

State of Washington,
County of King. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Faetta Price, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claudine Maturea Higgins (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Worthington (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Faetta Price (blind) Signature

6019 6th N W. Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 19th day of January, 1942.

(SEAL) _____ Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-118 029-265

334995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy (Vollmer)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Isaac Gilbertson

5. Date of Birth of Child (Month, day, year) July 18-1899

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nils G Gilbertson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Nummedal (City or town) Norway (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martt H Tveear
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Nummedal (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 40 years of age, that I have known this person for 42 years, and that Dr Charles Sullon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Christie ..... Signature
Troy Idaho ..... P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942.
(SEAL) E Brooke ..... Notary Public, residing at Troy Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mark Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

985 701 025 993

335000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City FREEDOM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City FREEDOM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) DECEASED

4. FULL NAME OF CHILD CHESTER HUDSON RHETT

5. Date of Birth of Child (Month, day, year) MARCH, 1, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME WALTER SCOTT RHETT
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace FREEDOM (City or town) IDAHO (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME VIOLA RICE
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace MT. IDAHO (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature · M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that DR. FOSKETT (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Rice Rhett Signature
1320 N. RUBY, SPOKANE WASH P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942
(SEAL) R. D. Bennett Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel H. Gilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-129 002-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. 335016
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City New Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City New Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) New. M. Idaho

4. FULL NAME OF CHILD Benjamen Crawford Irwon

5. Date of Birth of Child (Month, day, year) Apr. 29, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Roun Irwin
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Tecumpsey, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Abigail Clay
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fayetteville, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. [redacted] Ophthalmia Neonatorum none
23. [redacted] (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Nancy Clay (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Irwon ..... Signature
Ontario Oregon ..... P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942
(SEAL) O. Gallagher ..... Notary Public, residing at Ontario Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the eff[redacted] Chapter 191, 1911 Session Laws, has not been recorded [redacted] failure to report any birth which has occurred subse[redacted] date, such report may be received and filed by the loca[redacted] record in the Bureau of Vital Statistics for the purp[redacted] prescribed in Chapter 2, Title 38, Idaho Code Annotat[redacted] report is accompanied by a certificate of the attending [redacted] midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-204 037-796

335045

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 25 1942
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau Idaho

4. FULL NAME OF CHILD Audrey Portlock

5. Date of Birth of Child (Month, day, year) Oct. 4, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harris Smith Portlock
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stock Raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Malissa Grover
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bruneau (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Eliza (First name) Black (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Melissa Portlock Signature
New Plymouth Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942

(SEAL) Notary Public, residing at New Plymouth Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark H. Lefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

267119 006-759 335095

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 7 1942

State File No. 335095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route #2
(d) Name of Hospital or Maternity Home: Parents' residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Route #2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD William Edward Koplin

5. Date of Birth of Child (Month, day, year) Aug. 19, 1899

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman H. Koplin
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Peterswalde, West Prussia, Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farmin g

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Gerns
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Gross-Buchholz, Hannover, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mrs. Crawford (First name) (Last name), who attended this birth is no longer living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman H. Koplin Signature
Route #2, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 42
(SEAL) [signature] Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Maud E. Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-116-014-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 625 Cleveland Bvd.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 625 Cleveland Bvd.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD William Hiram Glenn

5. Date of Birth of Child (Month, day, year) August 16, 1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd xxxx

8. No. months of Pregnacy normal

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hiram Smith Glenn
11. Color or Race part Indian
12. Age at time of THIS birth 44 yrs.
13. Birthplace On "Half-breed Tract", Marion, Iowa (City or town) (State or foreign country)
14. Exact Occupation Laborer carpenter
15. Industry or Business common work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Scott
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Pleasantville, Marion County, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record - not known

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Dr. J. B. Wright, M.D. M.D. deceased
Susanah M. Scott Midwife Address deceased Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Dr. J. B. Wright, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy J. Glenn Signature
625 Cleveland Bvd., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942
(SEAL) (X) John Nelson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-228-044-692

335265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) close to
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Sabra Gladys Deaton

5. Date of Birth of Child (Month, day, year) July 28, 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alva Lincoln Deaton
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Carlisle (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Armenta Fisher
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Carlisle (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Texas
County of Ector } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Sephrona (First name) Mc Roberts (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Armenta (Fisher) Deaton Cel Fire Signature

Crosby, Texas P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942

(SEAL) C. C. Dotson Notary Public, residing at Crosby, Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713206-035-258

335271

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Nezperce

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Palmer, Hazel Edith (now ~~Mrs. Dalton~~)

5. Date of Birth (Month, day year) Dec. 6, 1899

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Palmer, Charles Curtiss
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Duluth, (City or town) ~~Michigan~~ Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Keyes, Jane
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Fergus, (City or town) Ontario, Can. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Jane Palmer (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's ~~signature~~ **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

~~XXXXXX~~ Prov. of Ontario
County of Wellington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Eliza Gillespie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hazel Edith Palmer (Dalton) (Name of person on certificate above) as her older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Adair (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Margaret E. Gillespie — Signature
Bedarville Ont. Canada — P. O. Address

Subscribed and sworn to before me on this 18th day of November, 1941

(SEAL) [signature] Notary Public, residing at Mount Forest Ontario Canada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth~~ which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 105 067 296

335275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 9 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Elmer Curtis Hamblet

5. Date of Birth of Child (Month, day, year) Aug 5, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel G. Hamblet
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Michigan (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer + Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ellen Brooks
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Mountview (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Carbolic Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living All

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item ~~4 above~~, that I am now 70 years of age, that I have known this person for 42 years, and that Susan Batchey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ellen Hamblet Signature
551 S. Fremont St. L.A. P. O. Address

Subscribed and sworn to before me this 2d day of March, 1942
(SEAL) Alice C. Haney Notary Public, residing at Los Angeles.

(Note: Perjury is ~~Punishable as a Felony in Idaho~~ Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mabel Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-104 022-119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335304
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Victor Idaho

4. FULL NAME OF CHILD Harry Jay Paul

5. Date of Birth of Child (Month, day, year) 5-4-1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Henry Paul
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovina Ann Jarvis
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Whiston Village (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) A M. on the date and at the place stated above and that personal particulars were furnished by Lovina (First name) Paul (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah. County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Lovina (First name) Paul (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lovina Ann Paul Signature
268 Harrisville Rd. Ogden, Utah. P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942
(SEAL) E C Randall Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Mar. 15, 1942

Received for filing on MAR 4 1942 by Mabel Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-10710 06-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335465
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) One

4. FULL NAME OF CHILD Elmer Allen Smith

5. Date of Birth of Child (Month, day, year) May 7, 1899

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Alma Smith
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Edrie McBride
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Near Tombstone (City or town) Arizona (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that Physician (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Pearl Smith Langdon
Signature
2216 Richmond St Klamath Falls Ore
P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942.

(SEAL) E. D. Vatch Notary Public, residing at Klamath Falls Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 15, 1944

Received for filing on FEB 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651.210 001-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335482
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 21st & Ridenbaugh
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 21 & Ridenbaugh
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD ELSIE DULCY WEAVER

5. Date of Birth of Child (Month, day, year) June 10, 1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRANK HORACE WEAVER
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lafayette Co., Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Teamster

MOTHER OF CHILD

16. **FULL MAIDEN NAME** STELLA SARAH HICKERSON WEAVER
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace Kanoche, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not common

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for entire life years, and that - - -MRS. FOSTER- - - (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Horace Weaver — Signature

Pasadena, Calif. 578 E. Washington Street — P. O. Address

Subscribed and sworn to before me this 24 day of Feb., 19 42.

(SEAL) — Notary Public, residing at Pasadena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255713D35962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335513
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Idaho

4. FULL NAME OF CHILD Guy Benefiel

5. Date of Birth of Child (Month, day, year) February 13, 1899

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd First **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Wesley Benefiel
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Elk County, Oregon (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Christena Robertson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Maryland (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Mrs. Ellen Hall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Wesley Benefiel Signature
307 S. Roosevelt St., Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942
(SEAL) Harly W. Allen Notary Public, residing at Walla Walla, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-120028-793

335535

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

4. FULL NAME OF CHILD William John Brophy

5. Date of Birth of Child (Month, day, year) Feb 20, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Brophy
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Tipperary (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Gill
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mountain View (City or town) Missouri (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Frank Wenzy (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fanny Brophy Signature
912 E St Coeur d'Alene P. O. Address

Subscribed and swern to before me this 28th day of Feb, 1942

(SEAL) M. Chambers Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-116-036-032

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Franklin
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Earl wm Nelson

5. Date of Birth of Child (Month, day, year): Dec 16, 1899

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Hans Severine Nelson
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Sumbdy Denmark (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Mary E. McKenzie
17. Color or Race: White
18. Age at time of THIS birth: 26 yrs.
19. Birthplace: Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was: Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by: Mary Nelson (First name) (Last name), who is related to this child as: Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of: Idaho
County of: Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the: Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now: 69 years of age, that I have known this person for: 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Nelson — Signature
P. O. Address

Subscribed and sworn to before me this: 25 day of: February, 19: 42
(SEAL) — Notary Public, residing at: Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on: FEB 27 1942 by: [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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864-120-206-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335570
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Donald Clarence Young

5. Date of Birth of Child (Month, day, year) March 20, 1899.

6. Sex Male. **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William E. Young
11. Color or Race White. **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Herrin Prairie, Illinois. (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer.
15. Industry or Business --

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Roselia Burkman
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Burley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the an acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 52 years, and that the person (First name) (Last name), who attended this birth cannot be ascertained (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank E. Okey ..... Signature
Blackfoot, Idaho ..... P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42.
(SEAL) Johnnie Jones ..... Notary Public, residing at Blackfoot, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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4/15 429-021-789

335616

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) Franklin
(a) County CASHE (b) City PRESTON
(c) Street Address or R.F.D. No. IN COUNTRY
(d) Name of Hospital or Maternity Home:
AT RESIDENCE
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASHE
(c) City PRESTON
(d) Street Address or R.F.D. No. IN COUNTRY
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) PRESTON, IDA.

4. FULL NAME OF CHILD LESLIE IRVEN MANNEN

5. Date of Birth of Child (Month, day, year) NOV. 29, 1899

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ORRIN RIGHT MANNEN
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace PAOLA, (City or town) MIAMI COUNTY, (State or foreign country) KANSAS
14. Exact Occupation SCHOOL TEACHER
15. Industry or Business GRAMMAR SCHOOL

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JOSEPHINE LULA PHILIPS
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace MERCM (City or town) OHIO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of EL DORADO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that MRS SWAN (First name) (a mid wife) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orrin Right Mannen
Signature

COUNTY HOSPITAL, PLACERVILLE, CALIFORNIA
P. O. Address

Subscribed and sworn to before me this 21st day of FEBRUARY, 1942.

(SEAL) Notary Public, residing at PLACERVILLE, CALIF.

NOTARY PUBLIC
In and for the County of El Dorado, State of California
My Commission Expires August 5, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-03-035962

335637

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Idaho

4. FULL NAME OF CHILD Gertrude Benefiel

5. Date of Birth of Child (Month, day, year) February 13, 1899

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Wesley Benefiel
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Polk County, Oregon (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Christena Robertson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Maryland (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Mrs. Ellen Hall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Wesley Benefiel Signature
307 S. Roosevelt St., Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942
(SEAL) Harley W. Allen Notary Public, residing at Walla Walla, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Tipary E Cleper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-114-01K-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. 335727
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Frank Victor Johnson

5. Date of Birth of Child (Month, day, year) Nov. 14, 1899

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Axel Johnson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary A. Burtman
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Dr. Delana (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Axel Johnson Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.
(SEAL) W. A. McCleme Notary Public, residing at Payette, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-124-04-492

335755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Cor. 5th & Jefferson
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: few months
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Cor. 5th & Jefferson St
(e) How long has **MOTHER** lived in Idaho? about 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD George Weiner

5. Date of Birth of Child (Month, day, year) Sept 24, 1899

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy not Known

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Charles Weiner also known as John Weiner

11. Color or Race White 12. Age at time of THIS birth 37 yrs.

13. Birthplace Rotnice (City or town) Bohemia (State or foreign country)

14. Exact Occupation cigar maker

15. Industry or Business Owner of Cigar Factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Antonia Miskovsky

17. Color or Race White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Bohemia (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.
CITY AND

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 42 1/2 years, and that I do not remember (First name) (Last name); who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Weiner Signature
1126 Bush St, apt 50 San Francisco P. O. Address
California

Notary Public in and for the City and County of San Francisco, State of California.
Subscribed and sworn to before me this 6 day of March, 1942
(SEAL) Ruth Natusch Notary Public, residing at SAN FRANCISCO, CALIFORNIA
My Commission Expires December 28,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

114-202-022-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No. 335766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home of parents
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony

4. FULL NAME OF CHILD Nancy Elizabeth Jamison

5. Date of Birth of Child (Month, day, year) Mar. 2, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Jamison
11. Color or Race: white
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Jamestown (City or town) Penn (State or foreign country)
14. Exact Occupation: carpenter
15. Industry or Business: carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Lena Marshall
17. Color or Race: white
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Jamestown (City or town) Penn. (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Iron } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr. J. D. Lewis (First name) (Last name), who attended this birth is now deceased (is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Henry Jamison — Signature
Kanarraville Utah — P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42

(SEAL) J. M. Foster — Notary Public, residing at Cedar City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

my commission expires June 20 1946

Received for filing on MAR 2 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 V06-030-156 335830

United States
Department of Commerce
Bureau of the Census

MAR 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 335830
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: not Known
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days. at home
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. not Known
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address Salmon Idaho
3. RESIDENCE of FATHER (city, state): Salmon Idaho

4. FULL NAME OF CHILD WILLIAM CARROLL Wilkinson
5. Date of Birth (Month, day, year) Jan. 6 1899
6. Sex m.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 6th
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lafayette Jackson Wilkinson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Springfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucretia Jeffery
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not Known
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 13 1942 (Date received) (b) Maurl F Elder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Montana
County of Missoula } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Ina Vaughan, being first duly sworn, say that I am sister of (Related to (or) acquainted with) Carrol William Wilkinson (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Whitwell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Ina Vaughan Signature
Route No. 1 Missoula, Mont. P.O. Address

Subscribed and sworn to before me this 14th day of Feb. 1942

(SEAL) Ralph L Starr Notary Public, residing at Missoula

RALPH L. STARR
JUSTICE OF THE PEACE, Hellgate
Township, Missoula County, Montana

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF MONTANA,
COUNTY OF MISSOULA, } ss.

I, W. J. Babington, County Clerk and Recorder in and for Missoula County, State of Montana, hereby certify that Ralph L. Starr, before whom the foregoing acknowledgement was taken, was at the time of so doing duly qualified, commissioned and elected Justice of the Peace in and for Hellgate Township, said County, and that full faith and credit are due to all his official acts as such Justice of the Peace and that he is authorized to take acknowledgements, and that his signature thereto is genuine, to the best of my knowledge and belief.

WITNESS my hand and the Seal of said Missoula County, this 14th day of February, 19 42

W. J. Babington
County Clerk and Recorder.

By Mary E. Leichner
Deputy.

State of Washington } ss
County of Spokane }

Affidavit -

I, Carrol William Wilkinson, being first duly sworn on oath depose and say that ever since about the year 1910 I have used and have gone by the name of William Carrol Wilkinson, that I was born on Jan. 6th 1899 in the City of Salmon Lemhi County, Idaho - That my fathers name was Lafayette Jackson Wilkinson.

That I am the same and individual person as mentioned above -

Signed and dated this 16th day of Feb. 1942

Carrol William Wilkinson

Subscribed and sworn to before me this 16th day of Feb. 1942

Ellen R. Creighton

Notary Public for Washington residing at Opportunity, Wn -

367-118-035-751 335845 335845

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. on 12 st.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county 4 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Nez Perce
(c) City Lewiston
(d) Street Address or ~~R.F.D.~~ No. ON 12 St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) ~~Do~~ Lewiston

4. FULL NAME OF CHILD Ray Cortney Cox
5. Date of Birth (Month, day year) Dec. 18, 1899
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Bert J. Cox
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Walla Walla, Wash. (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Furniture

MOTHER OF CHILD
16. FULL MAIDEN NAME Ora Fina Pearson
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Umatilla County, Oregon (City or town) (State or foreign country)
20. Exact Occupation Attended School
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont-Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) MAR 12 1942 (Date received) (b) Mabel Yelder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Ora Fina McMahon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ray Cortney Cox (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that forgotten (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Ora Fina McMahon Signature
1121 17th Ave., Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 12th day of March 19 42
(SEAL) [illegible] Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-121-044-162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335861
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. E. Commercial St.
(d) Name of Hospital or Maternity Home: Born at mothers and fathers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. E. Commercial St
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Roy Edwin Michael

5. Date of Birth of Child (Month, day, year) May 21, 1899

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Miles Michael
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Powder River (City or town) Oregon (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching at Manns Creek

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Joslin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 3 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Lora (First name) Michael (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Lurrow Griffith ~~M.D.~~ Midwife Address Heppner Oregon Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-121-006-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335879
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Strling
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State 1894 (b) County 1894
(c) City Sterling
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5yrs yrs.

3. RESIDENCE OF FATHER (city, state) Sterling, Idaho

4. FULL NAME OF CHILD John Raymond Cole

5. Date of Birth of Child (Month, day, year) Feb. 21, 1899

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Cole
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Riverdale (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Isabell Gardner
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Mendon, (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Household Duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that ✓ Ellen Wheeler (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah I. Cole Signature
Blackfoot, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) ✓ Edna McCo[illegible] Notary Public, residing at Blackfoot, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mark Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 714 028 214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 4 1942

State File No. 335918
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTNIE (b) City Leonia Ida.
(c) Street Address or R.F.D. No. City Delivery
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County KOOTNIE
(c) City Leonia
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Leonia Ida

4. FULL NAME OF CHILD Frederick Robert Saddler

5. Date of Birth of Child (Month, day, year) June 14, 1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Saddler
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Jesse Saddler
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 42 years, and that Mrs (First name) Newton (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Henry Saddler Signature
1174 S. E. Boise P. O. Address

MY COMMISSION EXPIRES DEC. 2, 1944

Subscribed and sworn to before me this 2 day of Mch, 1942

(SEAL) W B Burton Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Merl Hefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336072

336072

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (Jefferson) (b) City Grant
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 8 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Grant
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leo Leroy Jardine

5. Date of Birth of Child (Month, day, year) May 28, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Leo Jardine
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace West Weber, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Anna Dabell
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Harrisville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for from birth years, and that R. D. Tenney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Jardine Signature

P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942.

(SEAL) Lorna M. Linton Notary Public, residing at Mesa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-102-020-365 MAR 16 1942 336098

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 336098
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ELMORE (b) City MOUNTIAN HOME
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City MOUNTIAN HOME
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD GUY LOVERIDGE BLACK
5. Date of Birth (Month, day year) DEC. 2-1899
6. Sex MALE
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** JOHN S BLACK
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace CAMBRIDGE OHIO (City or town) (State or foreign country)
14. Exact Occupation STOCKMAN
15. Industry or Business STOCK RAISING

MOTHER OF CHILD
16. **FULL MAIDEN NAME** ALICE GERTRUDE LOVERIDGE
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace MOUNTIAN CITY NEV. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alice Gertrude Black (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 16 1942 (Date received) (b) [illegible] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California. County of Los Angeles. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice Gertrude Black, being first duly sworn, say that I am mother, (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Alice Gertrude Black Signature

Los Angeles, Calif. 1259-2 1/2 Plymouth Blvd. P. O. Address

Subscribed and sworn to before me on this 13th day of March, 1942

(SEAL) [illegible] Notary Public, residing at Los Angeles, Cal

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-129-003867 336110

United States Department of Commerce Bureau of the Census

MAR 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336110
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City THATCHER
(c) Street Address or R.F.D. No. FARM, No R.F.D
(d) Name of Hospital or Maternity Home: ON FARM. AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City THATCHER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) THATCHER IDAHO NOW SALT LAKE CITY

4. FULL NAME OF CHILD CLAWSON FRANKLIN ANDRUS

5. Date of Birth of Child (Month, day, year) 29 OCT 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME FRANKLIN WILLIAM ANDRUS
11. Color or Race WHITE AMERICAN **12.** Age at time of THIS birth 23 yrs.
13. Birthplace FRANKLIN (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER (THEN)
15. Industry or Business NOW. BARBER

MOTHER OF CHILD

16. FULL MAIDEN NAME HARRIETT DESSIE HOGAN
17. Color or Race WHITE AMERICAN **18.** Age at time of THIS birth 23 yrs.
19. Birthplace RICHMOND (City or town) UTAH (State or foreign country)
20. Exact Occupation FARMER. HOUSEWIFE
21. Industry or Business (DIED SEPT. 26. 1942)

22. Name prophylactic used to prevent Ophthalmia Neonatorum CARBOLIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of UTAH County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that JAME BOLWINKLE (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin William Andrus Signature
525 EAST 18TH SOUTH SALT LAKE CITY UTAH. P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942

(SEAL) Notary Public, residing at Salt Lake City, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mark E. Cooper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 701 037-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336156
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City, Id

4. FULL NAME OF CHILD Ronald Van Buren Sinclair

5. Date of Birth of Child (Month, day, year) Mar. 1, 1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Calder Sinclair
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation Manager Golden Rule Store
15. Industry or Business Silver City, Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Estelle Van Buren
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Troy (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 p.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel E. Sinclair (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Vermont
County of Bennington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that John N. Weston, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel E. Sinclair Signature
139 Elm St., Bennington, Vermont P. O. Address

Subscribed and sworn to before me this 25th day of February 1942
(SEAL) Leonard W. Morse Notary Public, residing at Bennington Vt.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel F. Leffler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-230-007 665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336169
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Mabel Creighton

5. Date of Birth of Child (Month, day, year) Sept 31 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Creighton
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Nova Scotia Canada (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Arena Creighton
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace San Jose California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 42 years, and that Dr Brown & Mrs Clark (First name) (Last name), who attended this birth are not deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine C. Shafer Signature
P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942

(SEAL) Irene E. Cotton Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mark Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-128 016-553

336204

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LEO CLIFFORD SAMUELSON

5. Date of Birth of Child (Month, day, year) Nov. 28, 1899.

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME August Samuelson
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Stockholm (City or town) Sweeden (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Painting Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine, Nelson
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Copenhagen, (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Julia S. Hawkins (First name) (Last name), who is related to this child as Older Sister, 18 yrs. older than Leo Clifford Samuelson (Mother, etc.)

25. Attendant's **OWN** signature Julia S. Hawkins M.D. Address 2724 Daisy Ave Date 3/2/42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for all his life years, and that Julia Hawkins (First name) (Last name), who attended this birth (Signed above) ~~(Is now deceased) or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Frances L. Wilcox Signature
1775 Cerritos Ave., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.
(SEAL) Elizabeth C. Plant Notary Public, residing at Long Beach, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mark Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-125-004-389

336271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Allen Johnson

5. Date of Birth of Child (Month, day, year) Dec. 25, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Harmon Eddy Johnson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Jackson County Iowa (City or town) (State or foreign country)
14. Exact Occupation Rail Road brakeman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Caldone Whitmore
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Springville Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that ..... (First name) ..... (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thelma J. Fox Signature
226 N. Main Murray Utah P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942

(SEAL) Ben G. Bagley Notary Public, residing at Midvale, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary H. Leger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 7 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

336322

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Burke
No. 316-216 040-386 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Loretta Mae Lafavor

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 16, 1899 (Month, Day, Year)

FATHER

9. Full name: Alonza Lafavor

10. Residence (usual place of abode) (If non-resident, give place and State) Burke, Idaho

11. Color or race White | 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Tiger Poorman Mine

16. Date (month and year) last engaged in this work Jan. 1899, xx

17. Total time (years) spent in this work Not known

MOTHER

18. Full maiden name: Minnie Thompson

19. Residence (usual place of abode) (If non-resident, give place and State) Burke, Idaho

20. Color or race White | 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country) Princeton, Minn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Jan. 1899, 19xx

26. Total time (years) spent in this work Not known

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 1st (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) ..... Registrar.

(Signed) H. Collins, M. D.

or xxxxx

Address Burke, Idaho 1899
Present Address-Spokane, Washington

Filed ....., 19xx Mabel F. Lefler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

713-230 019819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336404
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Houston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Houston, Id.

4. FULL NAME OF CHILD Violett Ruth Gallagher

5. Date of Birth of Child (Month, day, year) Oct. 30. 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hugh Gallagher
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Eberhardt (City or town) Nevada (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ellen Harris
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eberhardt (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mrs. Carolyn Harris (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Harris Gallagher Signature
270 Madrona St. Chula Vista, Calif. P. O. Address

Subscribed and sworn to before me this 5 day of March, 1942

(SEAL) Blanche Harris Notary Public, residing at Chula Vista Calif.
My Commission Expires Sept. 12, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary E. Glazier, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-110-022-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 19 1942
STATE OF IDAHO

State File No. 336444
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City REXBURG
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City REXBURG
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) REXBURG IDA.

4. FULL NAME OF CHILD HAROLD STODDARD CAHOON

5. Date of Birth of Child (Month, day, year) SEPT 10 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE ERNEST CAHOON SR.
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace MURRAY (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RHODA HELEN STODDARD
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace RANDOLH (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of YAKIMA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 42 years, and that GEORGE (First name) CAHOON SR (Last name) who attended this birth ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Ernest Cahoon Jr. Signature
16-North 2d Yakima Wn. P. O. Address

Subscribed and sworn to before me this 16 day of Feb, 1942

(SEAL) Harold Compton Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mabel Hedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-110 022962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336462
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dubois
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Dubois Idaho

4. FULL NAME OF CHILD Frank Edward Cox

5. Date of Birth of Child (Month, day, year) 10-10-1899

6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Augustus Cox
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Hubbard (City or town) Ohio (State or foreign country)
14. Exact Occupation Fireman Railway
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu Robson
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Park City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X Alive (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Lulu (First name) Cox (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife X Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Anna Davis (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Lulu Cox Signature
205 - 9th W. Apt - Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.
(SEAL) [illegible] Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-207
001-263

336547

MAR 18 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336547
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD Ethel Ada Hazelton

5. Date of Birth of Child (Month, day, year) Jan 7, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rene Hazelton
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Richmond Virginia (City or town) (State or foreign country)
14. Exact Occupation Hotel Prop.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Bothwell
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature A W Hall M.D. ~~Midwife~~ Address Meridian Date July

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary F Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-101 006-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336594
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) ~~Street Address or R.F.D. No.~~ In country near by
(d) Name of Hospital or Maternity Home: Mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls, in country near by
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Orrin Lee Woolley

5. Date of Birth of Child (Month, day, year) May 1st 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Woolley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Staffordshire (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarissa Jane Lee Frost
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Peoa (City or town) Summit Co. Utah (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 a.m. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lucy Lee Perrenoud (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Sally Lee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lucy Lee Perrenoud Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942.

(SEAL) Frank M. Petty Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 By [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336636
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 131 E. Jefferson
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 131 E. Jefferson
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Emory Clay Neal

5. Date of Birth of Child (Month, day, year) Nov. 2, 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Fremont Neal
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Near Peru, Nebraska (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Attorney-at-Law

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Ferguson
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Waverly, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clallam } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Dr. Prosser (First name) (Last name), who attended this birth x (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Ferguson Neal Signature
Box 698, Port Angeles, Wash. P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942.
(SEAL) Pearl Lindfleisch Notary Public, residing at Port Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336704
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home of child's parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 3 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Idaho

4. FULL NAME OF CHILD Ezra Briggs Jolley

5. Date of Birth of Child (Month, day, year) April 13, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Rutledge Jolley
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sawmill work

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Therdora Briggs
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I was never told what was used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Therdora Jolley — Signature
Box 426, Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942.
(SEAL) John E. Jones — Notary Public, residing at Blackfoot, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel Hepworth, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336745
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Lambert Anthony Darland

5. Date of Birth of Child (Month, day, year) March 24, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Allen Darland
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Holton, Kansas. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Myers DeWalt
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Poncho Springs, Colorado. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) 1:00 AM. on the date and at the place stated above, and that personal particulars were furnished by Maude M. Darland (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. X Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Unknown (First name) Mrs. Oaks (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude M. Darland Signature
Cuprum, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942.
(SEAL) [signature] Notary Public, residing at Council, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Inda Mabel Smith ~~Falk~~

5. Date of Birth of Child (Month, day, year) Aug 7, 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Laurits Smith
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Story City (City or town) Iowa (State or foreign country) U.S.A.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Josephine Tegland
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Yorkville (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mrs. Iverson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laurits Smith Signature
Kennewick, Wash Rt 2 P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942
(SEAL) Hope Smith Notary Public, residing at Kennewick
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mavel Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336806

United States Department of Commerce
Bureau of the Census

MAR 21 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336806
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Delamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Delamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eeyche Jessie Gamble

5. Date of Birth of Child (Month, day, year) June 28 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Henry Gamble
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Huston (City or town) Texas (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Newspaper

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Elizabeth Russell
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 42½ years, and that Dr Plummer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May P. Dorman Signature
1808-38th North P.O. Address

Subscribed and sworn to before me this 13th day of March, 1942 Seattle.
(SEAL) Notary Public, residing at Seattle Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

23 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County — (b) City (FLORENCE)
(c) Street Address or R.F.D. No. X (BASIN)
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county X years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County —
(c) City FLORENCE BASIN
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD JESSEL EVERETT ROWLAND

5. Date of Birth of Child (Month, day, year) SEPT-8-1899

6. Sex MALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd 1ST **8.** No. months of Pregnacy — **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME OSCAR ORLANDO ROWLAND
11. Color or Race WHITE **12.** Age at time of THIS birth 37 yrs.
13. Birthplace PLEASANT HILL (City or town) OREGON (State or foreign country)
14. Exact Occupation CIVIL ENGINEER
15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET ELLEN DARNEILLE
17. Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
19. Birthplace SMITHFIELD (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON, County of MARION } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that OSCAR ORLANDO ROWLAND (First name) (Last name), who attended this birth (DECEASED) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore Rowland — Signature
[illegible] Salem Ore — P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL) Kenneth F. Randall — Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires Jan. 12, 1945

Received for filing on MAR 14 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-223-006-815

336901

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Leorin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
Born in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Leorin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Leorin, Idaho

4. FULL NAME OF CHILD IVA RACHEL METCALF

5. Date of Birth of Child (Month, day, year) June 23, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William David Metcalf
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hyde Park (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eliza Hancey
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Hyde Park (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth years, and that The midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

William H. Metcalf
Signature

125 East 14th St., Idaho Falls, Idaho
P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 42.

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 124 016 439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #336969

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel Cornelius Fairchild			2. Date Of Birth (month) November (day) 24, (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Basin, Idaho (Via) Oakley, Idaho
FATHER	6. Full Name of Father: John H. Fairchild			7. State or Country of Father's Birth: Grantsville, Utah
MOTHER	8. Full Maiden Name of Mother: Louisiana McIntosh			9. State or Country of Mother's Birth: Grantsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: S.C. Fairchild		11. Present Address of Registrant: 766 Fir Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 9 1961	12. Signature of Notary: Ernest M. Hanny		13. Notary Commission expires: Nov 1 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Utah State Agricultural College Record of credits	By whom issued and signed: W. H. Bell, Registrar	Date Issued: May 24, 1950	Date Orig. Entry: May 24, 1950
	Date of Birth: November 24, 1899	Birth Place: ------	Full Name of Mother: -------	Name of Father: John H. Fairchild
SUPPORTING RECORD 2.	Type of Document: Credit Transfer--Oakley Rural High School	By whom issued and signed: J. A. Mercer	Date Issued: September 23, 1927	Date Orig. Entry: September. 23, 1927
	Date of Birth: November 24, 1899	Birth Place: -----	Full Name of Mother: ---------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Basin Ward, Roy Shil, Ward Clerk	Date Issued: Feb.16,1932	Date Orig. Entry: Feb.9,1932
	Date of Birth: Nov.24,1899	Birth Place: Cassia County Basin, Idaho	Full Name of Mother: Louisiana McIntosh	Name of Father: John H. Fairchild

QUALIFYING INFORMATION

Own childs birth certificate gives Age as 44 and it is dated December 6, 1943, and place of birth as Oakley, Idaho. File #383716. On file in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ec Penny L. Wing	Feb. 13, 1961

FORM BH 56067

1 copy paid

336969

United States
Department of Commerce
Bureau of the Census

MAR 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336969
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) RFD Oakley
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin (Vic.) Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Basin, Idaho

4. FULL NAME OF CHILD Samuel Cornelius Fairchild

5. Date of Birth of Child (Month, day, year) Nov. 24, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John H. Fairchild
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisiana McIntosh
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Grantsville (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dr. E.P. Oldham - now deceased Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Dr. E. P. Oldham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisiana McIntosh Fairchild Signature
Oakley, Idaho RFD# 1 P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942
(SEAL) Henry W. Tucker Notary Public, residing at Burley, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Myard F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

48 127 016 419 336986 336986

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336986
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Basin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John LeRoue Dayley

5. Date of Birth of Child (Month, day, year): March 27, 1899

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: James Keller Dayley
11. Color or Race: white
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Richmond, (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Susanna Isabell Martindale
17. Color or Race: white
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: Grantsville, (City or town) Utah (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Gennette Dayley (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susanah Isabell Martindale Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.
(SEAL) Nancy H. Miller Notary Public, residing at Burley Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-220-044-819 337005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337005
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martha Isabelle Winchester

5. Date of Birth of Child (Month, day, year) May 20th 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel H. Winchester
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Chatanooga (City or town) Tennessee (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly May Hart
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Dr. J. R. Numbers, Deceased.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. J. R. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lilly May McCarty Signature
Rt 2- Ontario, Ore P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 42
(SEAL) Lorl Blackaby Notary Public, residing at Ontario, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. Exp 1/15/45

Received for filing on Mar 24, 1942 by Maurl E. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-130-022-966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1884 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg

4. FULL NAME OF CHILD Orville Milton Bell

5. Date of Birth of Child (Month, day, year) May 30 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME William Alfred Bell
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Adeline Rowberry
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Willsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of born and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Bell (Last name) who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature Effie M. Rowberry M.D. Midwife Address 34 N. 5th W Rexburg Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Mrs. Walz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x William Bell Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942
(SEAL) Hazel A. Parker Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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128-120-036-613

337984

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Riverdale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Riverdale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD William Ray Ashbaker

5. Date of Birth of Child (Month, day, year) 10/20/1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Ashbaker
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) (State or foreign country) Switzerland
14. Exact Occupation Mechanic and farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Walker
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Brigham City, (State or foreign country) Utah
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Mrs. Zink (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Walker Ashbaker — Signature
Grace, Idaho — P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942
(SEAL) Morgan H. Lewis — Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mark Heiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-127-201-361

338070

338070

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: ADA (b) City: STAR
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Star, Idaho

4. FULL NAME OF CHILD UEL JEFFERSON DECK

5. Date of Birth of Child (Month, day, year) JAN. 27, 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES.

FATHER OF CHILD

10. FULL NAME JEFFERSON DECK.
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Coats
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Lundy (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 43 years, and that Dr. (First name) Hall (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Deck Goodpen Signature
No 820 - West Main, Puyallup, Wash. P. O. Address

Subscribed and sworn to before me this 24 day of March, 19 42
(SEAL) W. Porter Notary Public, residing at Puyallup
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH INFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 19 1942

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 338116

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of _____
City of Centre
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD JOHN HOOVER

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 8, 1942 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Hoover	18. Full maiden name Mary Reed
10. Residence (usual place of abode) (If non-resident, give place and State) Centre, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Centre, Idaho
11. Color or race White | 12. Age at last birthday 44 (years)	20. Color or race White | 21. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Taylorville, Illinois	22. Birthplace (city or place) (State or Country) Carthage, Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work 25 years	25. Date (month and year) last engaged in this work _____, 19__ | 26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____ Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193__ Mabel F. Keefer Registrar.

866-108/043-955

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Fremont } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Barbara Donahey being first duly sworn says that she is the sister (Relationship of child)* of John Hoover born February 8, 1899 (Date of birth) at Centre, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Hoover hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Conkelin, M. D., was the ~~Midwife~~ medical attendant at the birth of said John Hoover and that the said medical attendant is (Now deceased (or) ~~cannot be located~~)

Name of Affiant X Barbara Donahey

P. O. Address St. Anthony, Idaho

Subscribed and sworn to before me this 27 day of September, 1940

P. Stellema
Notary Public.

Residing at St. Anthony, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

231-128-006-445

338148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD Frank Staley

5. Date of Birth of Child (Month, day, year) July 28 - 1899

6. Sex White 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel S. Staley
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Carmel (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tillie J. (Staley) Duncan
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Midwife dead Date

State of Illinois
County of White } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the dead Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Mrs. (Given first name) Crawford (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S. S. Staley Signature
Enfield Ills. P. O. Address

Subscribed and sworn to before me this 3 day of March, 19 74
(SEAL) Harold E. McCurry Notary Public, residing at Enfield Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-111 001-143

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD RALPH REASON WEBER

5. Date of Birth of Child (Month, day, year) DEC. 11, 1899

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM WEBER
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace KENTON (City or town) OHIO (State or foreign country)
14. Exact Occupation BUTCHER
15. Industry or Business BUTCHER SHOP

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SUSIE CATHRINE ADLESPERGER
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace HAMILTON (City or town) OHIO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ILLINOIS
County of COOK } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that CARRIE WEBER KEEFER (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Weber Keefer Signature
2515 19 Burling 8 X Chicago P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942
(SEAL) L. L. Mammoser Notary Public, residing at Chicago Ill
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Merl Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-102-044-819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 20 1942

State File No. 338255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Wilburs

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Robert Banks Wilburn

5. Date of Birth (Month, day year) April-2-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Jasper Wilburn
11. Color or Race White **12.** Age at time of THIS birth 63 yrs.
13. Birthplace Jackson Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Catherine Harris
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Honolulu (City or town) Hawii (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Wilburn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary O. Wilburn, being first duly sworn, say that I am Related (Related to (or) acquainted with) Robert Banks Wilburn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Berry (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

mary O Wilburn Signature
P. O. Address

Subscribed and sworn to before me on this 17th day of Mar 1942
(SEAL) S A Gates Notary Public, residing at Mountfield Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

039-106-007-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Ralph Craig Stinson

5. Date of Birth of Child (Month, day, year) December 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Clay Stinson
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Susanville (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Josephine Benson
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Union (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this [redacted] (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born, stillborn) at 7 A.M. M. on the date and at the place stated above, and that personal particulars were furnishe[redacted] Alice Stinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Mrs. James Carey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice J. Stinson Signature
604 So. Coml. Ave. Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of March, 19 42.
(SEAL) [illegible] Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Wh[illegible] birth of a child born prior to the effective date of Chap[illegible] 911 Session Laws, has not been recorded, or in case of failur[illegible]rt any birth which has occurred subsequent to such date, [illegible]rt may be received and filed by the local registrar for recor[illegible] Bureau of Vital Statistics for the purposes and uses presc[illegible] hapter 2, Title 38, Idaho Code Annotated, when such report [illegible]panied by a certificate of the attending physician or midwi[illegible] affidavits of the father or mother of the child, or if neithe[illegible]r mother of the child is living or accessible, of the neares[illegible]r guardian, or some person having direct knowledge in the [illegible]

918-125-029-296-

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse, Wash.
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co. Idaho

4. FULL NAME OF CHILD Joseph Robert Raymond

5. Date of Birth of Child (Month, day, year) 11-25-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Robert Raymond
11. Color or Race W White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Merriton (City or town) Ont Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Brown
17. Color or Race W White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ringley (City or town) England (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at Latah County Palouse Wash. Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Raymond (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edward Bennett M.D. Midwife Address Colfax Wash. Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mark E. Gladden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-125-003-635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338387
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 2nd Avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello,
(d) Street Address or R.F.D. No. 2nd Avenue
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Earl Mark Norris

5. Date of Birth of Child (Month, day, year) Jan 25, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Thomas Norris
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Parowan, Utah (City or town) (State or foreign country)
14. Exact Occupation pipe fitter
15. Industry or Business Railroad shops

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Amelia Fletcher
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5. .M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 43 years, and that Dr. O. B. Steeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William Thomas Norris Signature
Box 126 Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of March, 19 42
(SEAL) Florence Norris Notary Public, residing at Idaho Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-111-019-865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338471
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Houston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Houston Idaho

4. FULL NAME OF CHILD James Macon Miller

5. Date of Birth of Child (Month, day, year) Nov 11 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Samuel M Miller
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Austin (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming and Stock Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Jane Honey
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Turner Bridge (City or town) Montana (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Samuel M Miller (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that D. W. (First name) Gee (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Martin Miller Signature
Mackay Idaho P. O. Box 342 P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942.

(SEAL) Notary Public, residing at Mackay, Idaho

My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-221-020-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338486
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ora Swann

5. Date of Birth of Child (Month, day, year) December 21 1899

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Barce Bunus Swann
11. Color or Race Caucasian
12. Age at time of THIS birth 31 yrs.
13. Birthplace (Rural) North Carolina (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Dentist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Eleanor Pillinor
17. Color or Race Caucasian
18. Age at time of THIS birth 29 yrs.
19. Birthplace Grass Valley, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Prophylactic used, name unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 43 years, and that W. D. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lois S. Morse ..... Signature
Santa Ana, California ..... P. O. Address

Subscribed and sworn to before me this 6 day of March, 1942
(SEAL) Peggy S. Thomas Notary Public, residing at Santa Ana Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mark Hayden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-127-003-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bannock (b) City: Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Eugene Robert Telford

5. Date of Birth of Child (Month, day, year) Sept. 27, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Telford
11. Color or Race: white
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Bountiful (City or town), Utah (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Geneva Buckland
17. Color or Race: white
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: Bountiful (City or town), Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that Harriet Steadman (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Sorensen Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 19 42

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-026-003-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338533
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lillie Elizabeth Westrom

5. Date of Birth of Child (Month, day, year) Nov. 26, 1899

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Westrom
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Steam Shovel Engineer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Louise Call
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Louise Call (First name) Westrom (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Elizabeth Midwife Address Soda Springs, Idaho Date 3-19-42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mabel Kistler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-107-025-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Mt. Idaho.
(c) Street Address or R.F.D. No. - - -
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: born in 1868
IN **THIS** county --years---months----days-

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho.
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) see below

4. FULL NAME OF CHILD William Norman Knox, Jr.,

5. Date of Birth of Child (Month, day, year) June 3, 1899

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William N. Knox
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace East Machias, Maine (City or town) (State or foreign country)
14. Exact Occupation Deputy County Auditor
15. Industry or Business of Idaho Co., Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ann Manuel
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Warren (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature - M.D. Midwife Physician & attendant both dead- Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all his years, and that Dr. E. H. Sheaffer (First name) (Last name), who attended this birth is now dead- ? (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William N. Knox Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942.
(SEAL) Hampton Taylor Notary Public, residing at Grangeville, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-118 206.868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338693
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ray E. Pershall

5. Date of Birth of Child (Month, day, year) Oct 18-1899

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer W Pershall
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna L Hohn
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Glendale Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Ethel Poynter M.D. Midwife Address 2911 Fremont St San Diego Calif Date 3-18-42

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Ethel Poynter (First name) (Last name), ~~who~~ attended this birth ~~(Is now deceased)~~ or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna L Pershall Signature
Moscow, Ida. P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942
(SEAL) W. B. Joy Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-103-003595

338852

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338852
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD George Edward Smith

5. Date of Birth of Child (Month, day, year) July 3, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Albert Smith
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Oxford Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Margret Nielsen
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Cleveland Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Charlotte Walton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah M. Smith Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 16 day of February, 19 42
(SEAL) Ben B. Johnson Notary Public, residing at Preston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-230-022.336 338856

338856

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Annavell Johnson

5. Date of Birth of Child (Month, day, year) 3-30-1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Johnson
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Santaquin (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Cloward
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Annie (First name) Hansen (Last name) who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Johnson Signature
170 E. 1st So. Provo, Utah P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942
(SEAL) Marion E. Ore Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Maud E. Edson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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289-10-7037-589

338876

338876

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 1 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Givens Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Givens Springs
(d) Street Address or R.F.D. No. -----
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Givens Spring

4. FULL NAME OF CHILD Houston Melburn Shirley

5. Date of Birth of Child (Month, day, year) July 7 1899

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Othello Turnage Shirley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Carthage Mo (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Kathryn Ehrlich
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that No Physician (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola Kathryn Ehrlich Shirley — Signature
Boise Idaho — P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) Clark W. Harris — Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

69-106-018-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338903
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CLEARWATER (b) City —
(c) Street Address or R.F.D. No. LEWIS BARRY RANCH
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CLEARWATER
(c) City Weippe
(d) Street Address or R.F.D. No. LEWIS BARRY RANCH
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO, Weippe

4. FULL NAME OF CHILD CLARENCE JOHN FIDLER

5. Date of Birth of Child (Month, day, year) Sept. 6, 1899

6. Sex MALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mo. **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME MARION FIDLER
11. Color or Race WHITE **12.** Age at time of THIS birth 42 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY POE
17. Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
19. Birthplace LYNN Co., OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Mrs Fidler (First name) Grandmother of child (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Poe — Signature
Route 3 - Box 385 Stockton — P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) J. B. Perry — Notary Public, residing at Stockton Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Weeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-110-032-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No. Home Ranch
(d) Name of Hospital or Maternity Home: Home on Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Ida

4. FULL NAME OF CHILD William Austin Conklin

5. Date of Birth of Child (Month, day, year) Oct 10-1899

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Henry Conklin
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Hagerman (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Yadon
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Gordon (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 42 years, and that Mrs Thomson (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs D. W. Yadon Signature
309 So 2nd St, Yakima P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) Everette R. Small Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mainly Helper MAR 28 1942, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-112-044-944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) ~~Street Address or~~ R.F.D. No. 2
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Virgil Rupert Jones

5. Date of Birth of Child (Month, day, year) Aug. 12 - 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Johnson Jones
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace New Springfield Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Alice Gumalt.
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tuscumbia Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Dr. J. R. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Johnson Jones — Signature

P. O. Address

Subscribed and sworn to before me this 27th day of March, 19 42

(SEAL) A. L. Taylor — Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary E. Gladson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-22-2015-494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338981
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, Soda Springs, Ida

4. FULL NAME OF CHILD Annie May Morgan

5. Date of Birth of Child (Month, day, year) June 22, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Osburn Morgan
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace St. John, (City or town) Utah (State or foreign country)
14. Exact Occupation stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Elizabeth Dimmock
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Boenburg, (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mattie E. Morgan (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 2-18-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855 y 26 · 022-412

339130

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: Felt Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Felt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Harley Hendrickson

5. Date of Birth of Child (Month, day, year) July 26 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cornelius M. Hendrickson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie S. Larkin
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Austin (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado
County of Delta } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Mrs. (First name) Barnny (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie S. Hendrickson — Signature
Crawford Colorado — P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942
(SEAL) William T. Hendrickson Notary Public, residing at Crawford Colo
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 1, 1943

Received for filing on MAR 27 1942 by Mary Hallen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mother obtained Divorce and took Maiden Name and gave it to her 2 sons

United States Department of Commerce Bureau of the Census 593-107-003 -593

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339159
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~3~~ years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Floyd Castle ~~Brower~~ Nilsson

5. Date of Birth of Child (Month, day, year) May 7, 1899

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph A. Brower
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Painter and Decorator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Justina M. Nilsson
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation wife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

By Decree of Divorce granted May 12, 1903 by the Fifth Judicial District of Idaho, in and for the County of Bannock, Justina M. Brower was restored her maiden name of Justina M. Nilsson. By said Decree Floyd Castle Brower, aged three and one-half years, was awarded the plaintiff, Justina M. Brower. I hereby certify that I have examined a true and authentic copy of the Divorce Decree above mentioned and the facts above stated were set forth in this copy. Dated this 28th day of March, 1942 Mabel H. Elder Director, Bureau of Vital Statistics, Boise, Idaho.

County of Fremont } ss.

[illegible] in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42+ years, and that Dr H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Justina M. Hill Signature
535 Center St Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942
(SEAL) O. Meservey, Probate Judge ~~Notary Public, residing at~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record bearing FIRST-CLASS postage to State copy requires an advance payment of f

leting this certificate. Mail COMPLETED certificate in envelope Boise, Idaho, for filing. No charge for filing. Each certified coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-115-029-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.: on Farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Moscow P.O. Address
(d) Street Address or R.F.D. No.: On Farm
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida Farm

4. FULL NAME OF CHILD Max Delepine

5. Date of Birth of Child (Month, day, year) Jan15-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** H. Delepine
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Vincennes (City or town) France (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Baud
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that ? (First name) Dr Carither (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Delepine Signature
2375 S. Commercial St. Salem Ore. P. O. Address

Subscribed and sworn to before me this 23 day of March, 19 42

(SEAL) M. Paine Notary Public, residing at Salem Ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My commission expires March 12, 1944

NOTARY PUBLIC FOR OREGON
My commission expires March 12, 1942

Received for filing on MAR 25 1942 by M. W. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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763-227-044-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339223
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Leora Ellen Potter

5. Date of Birth of Child (Month, day, year) Mar. 27 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Francis Potter
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Mercer County Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Hopper
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Taney County Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Dr. William Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie May Hopper Potter — Signature
Midvale Idaho — P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 42.

(SEAL) J. Goodwright — Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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V 458-125-029-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339258
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Idaho

4. FULL NAME OF CHILD Frank William Meyer

5. Date of Birth of Child (Month, day, year) May 25, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Wm Henry Meyer
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Hadburg (City or town) Germany (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Ellen Forney
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cherryvale (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 42 years, and that Rothwell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry W. Meyer Signature
3828 Hendry St Riverside Calif P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942.
(SEAL) Marian M Lohmeyer Notary Public, residing at Riverside, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires January 17, 1943.

Received for filing on MAR 30 1942 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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399-105-029-786

339358 339358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Peter George Kries

5. Date of Birth of Child (Month, day, year) Nov. 5, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicolas Kries
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace New York City, N. Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Mary Gross
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 42 years, and that Mary Johann (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara M. Kries Signature
Genesee, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942.

(SEAL) [signature] Notary Public, residing at Genesee, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

622-22-036-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Lillis Charlotte Osborne

5. Date of Birth of Child (Month, day, year) 31 May 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Osborne
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Sumbridge Wells England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Christina Nielsen
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Preston Ant. Denmark (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for ..... years, and that Mrs. Zinks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Christina Osborne Signature
P. O. Address

Subscribed and sworn to before me this 20th day of Mar, 1942
(SEAL) Lorna G. Fuller Notary Public, residing at Ashton Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Round impression ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-113-007-497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EARL Richard Quincy

5. Date of Birth of Child (Month, day, year) October-13-1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Elbert Quincy
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Wells Bridge (City or town) New York (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Hattie Dix
17. Color (English) or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Joliet (City or town) Illinois (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 42 years, and that Max Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Everett F. Dix — Signature
Carey, Idaho — P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL) Alice A. York — Notary Public, residing at Carey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary E. Eddin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-109-040-468

339578

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD John Boyce Corcoran

5. Date of Birth of Child (Month, day, year) Nov. 9, 1899

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Corcoran
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sligo (City or town) Ireland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bridget Doyle
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sligo (City or town) Ireland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No data on this
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that Dr. Stone (First name) (Wallace, Ida. (Last name)) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth B. Strachan Signature
715 Seventh St. Coeur d'Alene, Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125-113-035-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339583
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 24th Street
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 24th Street
(e) How long has **MOTHER** lived in Idaho? since 1881 yrs.

3. RESIDENCE OF FATHER (city, state) [redacted], [redacted]

4. FULL NAME OF CHILD Earl Dewey Akers

5. Date of Birth of Child (Month, day, year) 2-13-1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Wesley Akers
11. Color or Race white American
12. Age at time of THIS birth 44 yrs.
13. Birthplace Quincy, Illinois (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business laboring

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emmaline Giffen
17. Color or Race white American
18. Age at time of THIS birth 41 yrs.
19. Birthplace Albany, New York (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 43 years, and that Dr. J. B. Morris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence Wesley Akers Signature
1422 10th Ave., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mark [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-110-210-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339606
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS IDA

4. FULL NAME OF CHILD Rudolph Walter Swanson

5. Date of Birth of Child (Month, day, year) April 10 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Aleck Swanson
11. Color or Race W
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) SWEDEN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Charlott Lindstrom
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) SWEDEN (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 43 years, and that Anna (First name) Lindstrom (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Swanson Signature
Sparks, Nevada P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942
(SEAL) Notary Public, residing at Sparks, Nevada
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Merl Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957-107-029-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339623
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cora
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years --- months --- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cora
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ralph McKinley Ingram

5. Date of Birth of Child (Month, day, year) January 7, 1899

6. Sex Male

7. Twin or Triplet -------- If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Allen Ingram
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ritchey (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ------

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Louisa Bingham
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Chattanooga (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ------

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that Eliza (First name) Simpson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dessie Ingram Wormau Signature
2614 Rossiter Road, Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42
(SEAL) E. L. Jamison Notary Public, residing at Vancouver, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mark Kelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-108-029929

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City LINDEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City LINDEN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD BEN I SMITH

5. Date of Birth of Child (Month, day, year) JAN. 8th 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 4th **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JORDON PARIS SMITH
11. Color or Race W **12.** Age at time of THIS birth 45 yrs.
13. Birthplace DRIFTWOOD (City or town) PA (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE ISRAEL
17. Color or Race W **18.** Age at time of THIS birth 28 yrs.
19. Birthplace FLORA (City or town) ILL. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that MRS. DUEL (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva L. Smith Signature
SOUTHWICK, IDAHO P. O. Address

Subscribed and sworn to before me this 25th day of MARCH, 1942
(SEAL) Notary Public, residing at KENDRICK
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-121-003-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339708
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD Heber James Larsen

5. Date of Birth of Child (Month, day, year) May 21, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Heber Peter Larsen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace C. openhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Blanch Thompson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Jefferson, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for 42 years, and that Max Stoddard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola B. Larsen Signature
Florence, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of March 1942

(SEAL) Joe L. Jorgensen Notary Public, residing at Florence Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Feb. 5, 1945

Received for filing on APR 6 1946 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-121-007-963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Elmer Carl Baker

5. Date of Birth of Child (Month, day, year) 4/21-- 1899

6. Sex Male

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis J. Baker
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Unknown (City or town) Iowa (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Various Farming etc.

MOTHER OF CHILD

16. FULL MAIDEN NAME Carolina C. Ifland
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Saxon Wimaisna Germany (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 43 years, and that Mrs. Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs.) Caroline C. Baker Signature

P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 103-022-518

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City none
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City none
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1/0 yrs.

3. RESIDENCE OF FATHER (city, state) do

4. FULL NAME OF CHILD Dean L. Briggs

5. Date of Birth of Child (Month, day, year) Sep 3, 1899

6. Sex **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Lorenzo Briggs
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Naylor
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Churchill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend [redacted] (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 [redacted] years of age, that I have known this person for 43 years, and that any person (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fred Merrz Signature

P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) Ellen Mills Notary Public, residing at Fallon, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-109-025-957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339810
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. RESIDENCE OF FATHER (city, state) Joseph, Ida.

4. FULL NAME OF CHILD George Inglish Brust

5. Date of Birth of Child (Month, day, year) March 9 1899

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Louis Brust
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Chillicothe (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Inglish
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace xx (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Dr. J. W. Turner (First name) (Last name), who attended this birth cannot be reached (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Louis Brust Signature
Joseph, Idaho. P. O. Address

Subscribed and sworn to before me this 4 day of April, 19 42
(SEAL) [signature] Notary Public, residing at Grangeville.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 6 1942 by Mabel Hodgson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-226-021-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339821
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Mink Creek
(c) Street Address or R.F.D. No. Postoffice
(d) Name of Hospital or Maternity Home: Mrs. Nancy Rassmussen
(e) Mother's stay **BEFORE** delivery: IN THIS county 31 years 2 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Mink Creek (b) County Franklin
(c) City Mink Creek
(d) Street Address or R.F.D. No. Postoffice
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Mink Creek

4. FULL NAME OF CHILD Lettie Rasmussen

5. Date of Birth of Child (Month, day, year) 12/26, 1899

6. Sex female

7. Twin or Triplet ~~4x~~ If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans Christian Rasmussen
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Retired

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Matilda Nelson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10:00 AM. on the date and at the place stated above, and that personal particulars were furnished by Nancy M. Rasmussen (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Inga Sink ~~M.D.~~ Midwife Address Deceased Date 1904

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 73 years, and that Inga Sink (First name) (Last name), who attended this birth Desceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Nancy Matilda Rasmussen Signature
x Preston Idaho P. O. Address

Subscribed and sworn to before me this 2 day of April, 1942

(SEAL) Notary Public, residing at Preston Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel Kerlan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444-115-04-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339921
Local Reg. No.
Reg. Dist. No. 430

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No. Ranch
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No. ranch
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman Id

4. FULL NAME OF CHILD Robert Benjamen Dudley

5. Date of Birth of Child (Month, day, year) June 15-1899

6. Sex M **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nelson Dudley
11. Color or Race W **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Sandusky (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary E. Peck
17. Color or Race W **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation H. W.
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~X~~
23. Number of children of this mother: (a) At time of birth and including this child ~~X~~ 5 (b) Born alive and now living ~~X~~ 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for life years, and that Hannah (First name) Garner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Dudley ..... Signature
Shoshone, Idaho ..... P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42
(SEAL) Howard E. Atkins ~~Notary Public~~, residing at PROBATE JUDGE OF LINCOLN COUNTY, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

MAY 28 1942

Date changed from Bible Record 5/28/42.

Mabel K. Fischer, Director

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-105-003-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339956
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Perry
(c) Street Address or R.F.D. No. Perry, Idaho
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Perry
(d) Street Address or R.F.D. No. Perry, Idaho.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Perry, Idaho.

4. FULL NAME OF CHILD William J. Panter

5. Date of Birth of Child (Month, day, year) Nov. 5, 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles R. Panter
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Anthony, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Cahoon
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Thatcher, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Iron } ss. (Here.)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles R. Panter Signature
Cedar City, Utah P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Cedar City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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966-119-035-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339985
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Nezperce
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ray Kenneth Rowe

5. Date of Birth of Child (Month, day, year) April 19, 1899.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sidney Smith Rowe
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Conover, N. C. (City or town) (State or foreign country)
14. Exact Occupation Wheat farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zora Ellen Hunsucker
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Conover, N. C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sidney S. Rowe (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of North Carolina
County of Catawba } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Mrs. Langer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S. S. Rowe — Signature

My commission expires June 26, 1943

Conover, N. C. — P. O. Address

Subscribed and sworn to before me this 2 day of April, 1942

(SEAL) Marguerite J. Hussey Notary Public, residing at Hickory, N. C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel Robertson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-123-029-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340045
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) 6

4. FULL NAME OF CHILD William Howard Price

5. Date of Birth of Child (Month, day, year) May 23-1899

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Mason Price
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Vacaville (City or town) California (State or foreign country)
14. Exact Occupation Placer Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Elizabeth McFarland
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Elma (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr 9-1942 by Mabel M. Gracher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Port Orford Oregon
February 13th 1937

Affidavit of Birth

Know all men by this prence that I solemly swear that I, Richard M. Price of Port Orford Oregon, on the above named date. ~~made~~ his Affidavit to Wit—

~~One~~ - William Howard Price

Born - May 23rd 1899

Birth-place - Princeton, Latah County, Idaho -

Fathers Name - Richard M. Price Born October 8th 1853 in Vacaville Solano County California

Mothers Maiden Name

- Jessie Elizabeth McFarland - Born in Elma, Then Chehalis County, now Grays Harbor Co. Washington February 8th 1872 Father & Mother Married May 1st 1889 at Ruby City. Okanogan County Washington

Signed - Richard M. Price

Subscribed and Sworn to before me a Notary Public in and for the State of Oregon this 13th day of February 1937.

Willis J. White
NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES March 1st 1937

Filed for record Aug. 16 1937 3:21 P.M.
W. H. Price
S. CLIFFORD DAVIS, County Assessor

1265361 11/2 X

Applicant's Record

Record Received

AUG 18 1942

RECORDED
VOL. 10 OF MISC.
PAGE 350 REQUEST OF
W. H. Price
1940 AUG 16 PM 3 21

SANFORD DAVIS AUDITOR
PIERCE COUNTY, WASH.
DEPUTY D. Connell

No 3108 Fee 31.00

269 222016-667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340149
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. None at Time
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. None at Time
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD Detta Margaret Boren

5. Date of Birth of Child (Month, day, year) Oct 22, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Colman Boren
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Grass (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Margaret Fogal
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Bear Grass (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Dr. Hamburg Midwife Address Oakley, Idaho Date Oct. 22, 1899

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for ~~5~~ 42 years, and that Dr. (First name) Hamburg (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Melinda Boren Gatherum Signature
480 Bonair St. Holladay Utah P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) L. J. McDonald Notary Public, residing at Salt Lake City, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary E. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-103014-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Harry Eldridge Siebenberg

5. Date of Birth of Child (Month, day, year) May 3 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Siebenberg
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Kastle (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Baker
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Clinton (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 42 years, and that Dr. Isham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Siebenberg ✓ Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942
(SEAL) Marion E. Ore Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mark H. Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465 128 025 468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340218
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Elmer Ellsworth Montgomery.

5. Date of Birth of Child (Month, day, year) July 28, 1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Owen Walter Montgomery
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Lewisville (City or town) Oregon (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Irene Moyer
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace [redacted] (City or town) St Paul (State or foreign country) Iowa
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Estella Montgomery (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Estella Montgomery M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Sarah Moyer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Montgomery Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 19 42
(SEAL) [illegible] Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-214035-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Myrtle May Brooks

5. Date of Birth of Child (Month, day, year) April 14, 1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Herbert Brooks
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Huttenville (City or town) Canada (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Anna Crawford
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Dr. (First name) Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura A. Brooks Sr. — Signature
Walla Walla, Wash. — P. O. Address

Subscribed and sworn to before me this 8 day of Apr., 1942
(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Hazel Heden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 118 025 315

340339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. gen. del
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) 7

4. FULL NAME OF CHILD Charles Frederick Shawley

5. Date of Birth of Child (Month, day, year) 9-18-1899

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Frederick Shawley
11. Color or Race W
12. Age at time of THIS birth 48 yrs.
13. Birthplace Montgomery Co. (City or town) Kentucky (State or foreign country)
14. Exact Occupation Medical Doctor-Druggist
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hulda A. Langrich
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Leipzig (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that William (First name) Frederick Shawley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hulda A Shawley Signature
Route 2 Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 42
(SEAL) C P Kimble Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 116 028 759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Sandpoint
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Idaho

4. FULL NAME OF CHILD Tom Stonestreet

5. Date of Birth of Child (Month, day, year) June 16 1899

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Jackson Stonestreet
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Parkersburg (City or town) West Virginia (State or foreign country)
14. Exact Occupation logging and lumbering
15. Industry or Business Pole Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Hester Gorrig
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Sistersville (City or town) West Virginia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for approx. 43 years, and that Dr Paige (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hester Stonestreet Signature
702 Lakeside Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 47

(SEAL) WARD ARNEY Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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915-201-001-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 340421
Local Reg. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: St. Spaulding's Rural Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Wash. (b) County: Whatcom
(c) City: Bellingham
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Bellingham Wash.

4. FULL NAME OF CHILD Alta Aurora Zane

5. Date of Birth of Child (Month, day, year) Aug. 1, 1899

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd 1 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert H. Zane
11. Color or Race: White **12.** Age at time of THIS birth: 23 yrs.
13. Birthplace: Healdsburg (City or town) Calif. (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Charles
17. Color or Race: White **18.** Age at time of THIS birth: 20 yrs.
19. Birthplace: R.F.D. 2 Bellingham (City or town) (State or foreign country)
20. Exact Occupation: Home work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. (First name) Spaulding (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle Zane ..... Signature
Route 1, Ferndale, Washington ..... P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42.
(SEAL) John J. Keegan ..... Notary Public, residing at Ferndale
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by [illegible] ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340440
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Amelia Frazier

5. Date of Birth of Child (Month, day, year) March 7 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Frazier
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bangor (City or town) Maine (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christine Eger
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Red Wing (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that ..... (First name) ..... (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Christina Frazier Signature
423 South "J" Street, Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942
(SEAL) Bert T. Howard Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-220 0 25-234

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340455
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Near Horskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth McLean

5. Date of Birth (Month, day year) Jan 20 1899

6. Sex girl **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexandra C. McLean
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Stuart
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Jefferson Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 10 1942 (Date Received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cora McLean, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elizabeth McLean (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my husband (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora McLean Signature
Napavine, Washington P. O. Address

Subscribed and sworn to before me on this 8th day of April, 1942
(SEAL) [signature] Notary Public, residing at Portland, Oregon
My commission expires Nov. 6, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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795 110 003 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340483
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD WILLIAM VERNON PREECE

5. Date of Birth of Child (Month, day, year) April 10th 1899

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Y

FATHER OF CHILD

10. FULL NAME JOHN ISAC PREECE
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace FRANKLIN (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELVIRA HICKMAN
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace OAKLIN (City or town) CALIFORNIA (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 43 years, and that JANE WILLIAMS (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elvira Preece Signature
Box 2 Provo Utah P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942.
(SEAL) Mark D. Egbert Notary Public, residing at Provo Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated). My Com. Exp. - 7-27-44.

Received for filing on APR 14 1942 by Mabel Hilliard, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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236-126-006-335

340846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham-now Bonneville (b) City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) mile Idaho.

4. FULL NAME OF CHILD Lawrence John Storer

5. Date of Birth of Child (Month, day, year) April 26-1899

6. Sex Male

7. ~~Twin or~~ Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Natural

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick John Storer
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Nemiper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Cleverley. ~~Storer~~
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Woods Cross (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Storer (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for years, and that Josephine Thompson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Donald Storer Signature
Idaho Falls, Idaho Rt. 1 P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) Martell Mack Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark Hyslop, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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243-108-201 735

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 340905

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. Dry Creek about St. 11 miles from Boise
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD EDMUND GLENN BUTLER

3. Sex m

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth 10/8/1899 (Month, Day, Year)

FATHER

9. Full name Elbert B. Butler

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race A/W | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Woodbine Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ada E. Glenn

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race A/W | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Garnett Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 11:00 m. on the date above stated.
(Born Alive or [redacted])

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) X ..... [redacted]
or ..... [redacted]
Address [redacted]

Filed APR 17 1942, 193.... Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In cases of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ada E. Butler being first duly sworn says that she is the Mother of EDMUND GLENN BUTLER
(Relationship of child)*

born October 8, 1899 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edmund Glenn Butler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. L. C. Bowers M. D. was the ~~Midwife~~ medical attendant at the birth of said Edmund Glenn Butler and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Ada E. Butler
P. O. Address 409 N. Kimball Ave., Caldwell, Idaho

Subscribed and sworn to before me this 7th day of April, 19 42

Geo. L. Shoppen
Notary Public.

Residing at Caldwell, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 17 1942

State of Oregon
County of Malheur. ss

I, Elizabeth Farmer, being first duly sworn say:
That I am an aunt of Edmund Glenn Butler, who was born on October 8, 1899, in Ada County, Idaho, whose certificate of birth is attached hereto and affiant states that the facts contained in said certificate attached hereto are true and correct; that affiant was born April 15, 1887, and saw said Edmund Glenn Butler first when he was a few weeks old.

Elizabeth Farmer.

Subscribed and sworn to before me April 13, 1942.

M V Burke

Notary Public for Oregon

My commission expires November 19, 1943.

DELAYED

APR 20 1942.

DELAYED

FEB 20 1942

814-117-001-253

340920

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ months ____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2212-2nd So.
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address (For registration notice): Same as stated above
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) —

4. FULL NAME OF CHILD Glenn Merlyn Hamburg

5. Date of Birth (Month, day, year) Aug. 17, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sigurd G. Hamburg

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace Norway
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Kesl

17. Color or Race W

18. Age at time of THIS birth 35 yrs.

19. Birthplace Kansas
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (2) (b) Born alive and now living (2)
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, ~~stillborn~~) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Catherine Hamburg (First name) (Last name) who is related to this child as mother (Mother, etc.)

APR 17 1942 Mabel Nielsen

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's OWN signature Lydia Stonecipher ~~M.D.~~ (D.O., Midwife, etc.)
and address 824 So Bixel Date Feb. 28
Los Angeles, Calif.

APR 27 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

235-214-004-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 0 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bennington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Bennington, Ida.

4. FULL NAME OF CHILD Artel Stephens

5. Date of Birth of Child (Month, day, year) June, 14, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Cadwallander Stephens
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janet Perkins
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bennington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all her life years, and that Annie Hillier (First name) (Last name), who attended this birth now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Janet Perkins Stephens Signature
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942

(SEAL) Chas E Lewis Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

114 104 003-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Resedence
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannnock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Wallace Crawford Jamison

5. Date of Birth of Child (Month, day, year) 8/4/99

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Crawford Jamison
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Antrim Co (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Chloe Ann Phillips
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Kaysville, (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 4 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Chloe Ann Jamison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature midwife - deceased M.D. Midwife Address Present address Burley, Idaho Date 4/16/42

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Nancy Marley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chloe Ann P. Jamison Signature
Box 562 Burley Ida P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942
(SEAL) J. D. Austin Notary Public, residing at Burley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark Kirkham, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340970
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Ida.

4. FULL NAME OF CHILD CLARENCE ARCHIBALD TAYLOR

5. Date of Birth of Child (Month, day, year) Jan. 3, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Harry Franklin Taylor
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annabelle Plummer
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Holly (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 1/4 years, and that Clarence Henkel, M. D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annabelle Taylor — Signature
1723 W. Sharp Ave., Spokane, Washington P. O. Address

Subscribed and sworn to before me this 10 day of April, 19 42

(SEAL) Lorene D. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 225002-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340982
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Adams (b) City: Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Adams
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Council Ida

4. FULL NAME OF CHILD Martha Ellen Harrington

5. Date of Birth of Child (Month, day, year) Feb 25 1899

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Judduck Harrington
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Wyandotte (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Montgomery
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Walthus (City or town) Ore. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Martha A. Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 42.
(SEAL) Matilda Moran Clerk District Court Ex-Officio Recorder, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533 130 026 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bryan Young Ellsworth

5. Date of Birth of Child (Month, day, year) June 30, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edmund Ellsworth Jr
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace The Muddy, (City or town) Arizona (State or foreign country)
14. Exact Occupation Retired Business Man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edwina Walker
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Oak City, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that (Midwife) Martha Bryan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwina Walker Ellsworth — Signature
K and Mound Streets, Idaho Falls — P. O. Address

Subscribed and sworn to before me this 16th day of April, 19 42.

(SEAL) Olga Chetlain — Clerk of Probate Court — Notary Public, Residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark H. Lefevre, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-105 016-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. - - - - -
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. - - - - - - -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD John C. Blankenship.

5. Date of Birth of Child (Month, day, year) October 5-1899 at 2:A.M.

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Josephus Blankenship
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Rosehill, Lee Co/ Virginia. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME May Standerfer
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Rosehill, Lee Co/ Virginia. (City or town) (State or foreign country)
20. Exact Occupation House Wife & Home maker.
21. Industry or Business - - - - - - - - - - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, s[redacted]) at 2:A.M. M. on the date and at the place stated above, and that personal particulars were furnished by me, Josephus Blankenship (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature now deseased ~~M.D.~~ ~~Midwife~~ Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 42 years, and that Dr. Peterson (First name) (Last name), who attended this birth is now deseased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Blankenship Signature
Twin Falls, Idaho. P. O. Address

My Commission Expires [illegible]

Subscribed and sworn to before me this 14 day of April, 19 42.

(SEAL) John T. Wood Notary Public, residing at 1745 Roosevelt Ave Los Angeles Califor.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Maud Hesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753/123 020-753

341097

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ELMORE (b) City MOUNTAINHOME
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City MOUNTAIN HOME
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) MTHOME, IDA.

4. FULL NAME OF CHILD Charles Coon Pettyjohn

5. Date of Birth of Child (Month, day, year) MAY 23, 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME LUM L. PETTYJOHN
11. Color or Race WHITE **12.** Age at time of THIS birth 34 yrs.
13. Birthplace EUREKA, (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA MAY PETTYJOHN
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Red Bluff, (City or town) CALIFORNIA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. William F. Smith (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna M. Pettyjohn Signature
2340 E. 24th St Oak P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Lillian Bennett Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-119-037-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341156
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City DELAMAR
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Bornat HOME
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 13 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City DELAMAR
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 YR-1 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) DELAMAR, IDAHO.

4. FULL NAME OF CHILD WILLIAM THOMAS BLACKWELL

5. Date of Birth of Child (Month, day, year) 10-19-1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Blackwell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace REDRUTH, (City or town) ENGLAND (State or foreign country)
14. Exact Occupation Gold Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Gray
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace REDRUTH, (City or town) ENGLAND (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living ~~Yes~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by HENRY (First name) GRAY (Last name), who is related to this child as UNCLE. (Mother, etc.)

25. Attendant's **OWN** signature Minnie E Gamble ~~M.D.~~ Midwife Address 4100-16 Ave Sacramento Date 4/7/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 42 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary A Stewart Signature
3908-SECOND AVE SACRAMENTO CAL. P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary E Lehere, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-121035-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City near Weippe
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Weippe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Leonard Williams

5. Date of Birth of Child (Month, day, year) Nov 21-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Williams
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Woodson Co. Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zena H. Robertson
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Lincoln Co. Nebraska (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Mrs Kincaide (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zena H. Williams Signature
Rt 2 Clarkston Wash P. O. Address

Subscribed and sworn to before me this 16 day of April, 1947
(SEAL) A. N. Kaynestad Notary Public, residing at Clarkston Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1947 by Mark Hubbard, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

APR 20 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847/225031 239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341240
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce Id.

4. FULL NAME OF CHILD Malissa Ann Hughes

5. Date of Birth of Child (Month, day, year) Nov. 25-1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Anthony Hughes
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Versailles (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura May Stringer
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Mary (First name) Lyons (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora G. Hughes — Signature
Spokane Wash R 2 — P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42
(SEAL) C. D. Stange — Notary Public, residing at Spokane, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363/12028/355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341382
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 6 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) 40 years

4. FULL NAME OF CHILD Glenn De Witt Cole

5. Date of Birth of Child (Month, day, year) June 12, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Sumner Cole
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Windham (City or town) Summit Penn. (State or foreign country)
14. Exact Occupation Unemployed at time
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Delletta Leek
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Middleville, (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Florida
County of Pinellas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Thomas A. Bishop M. D. (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle H. Leek Cole. Signature
520 Beach Drive, North. P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42.

(SEAL) Juanita L. Peters Notary Public, residing at St. Petersburg, Florida.
Notary Public, State of Florida at Large
My commission expires July 8, 1945.
Bonded by Mass. Bonding & Ins. Co.

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-121-214-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342419
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Earl Lynn Graves

5. Date of Birth of Child (Month, day, year) Sept. 21. 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earl Lynn Graves
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Company Pres.
15. Industry or Business Brick Mfg

MOTHER OF CHILD

16. FULL MAIDEN NAME Clyda May Holland
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Iowa City (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum 3
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living ~~[illegible]~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Edwin (First name) Graves (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature Edward Graves M.D. Midwife Address Dr. Colman Date Sept. 22. 1899

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Edward Graves Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 43 years, and that Dr. (First name) Colman (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Graves Signature
John Nash P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942.
(SEAL) R. H. Fry Notary Public, residing at Olympia Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mrs. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-130-019-291

342431

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Houston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Thomas Lee Pence

5. Date of Birth of Child (Month, day, year) Oct. 30, 1899

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Robert Pence
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lomax, Illinois (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Ann Bradshaw
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Galeton Valley, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Martha Keen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J R Pence ..... Signature

Meckey, Idaho ..... P. O. Address

Subscribed and sworn to before me this 8 day of April, 1942

(SEAL) ..... Notary Public, residing at Meckey, Idaho

My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-224-222-864

342442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City PARKER
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City PARKER
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Genevieve Crockett

5. Date of Birth of Child (Month, day, year) Nov. 24, 1899

6. Sex GIRL **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME John Allan Crockett
11. Color or Race WHITE **12.** Age at time of THIS birth 27 yrs.
13. Birthplace SMITHFIELD (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Maretta Homer
17. Color or Race WHITE **18.** Age at time of THIS birth 29 yrs.
19. Birthplace BRIGHAM CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonaterum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that MARGARET CRAPO (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Maretta Homer Crockett Signature
110 Canyon Road Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 20th day of APRIL, 1942
(SEAL) Pearle M. Bachle Notary Public, residing at Salt Lake, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-123-044-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342493
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Ida.

4. FULL NAME OF CHILD Paul Eugene Adams

5. Date of Birth of Child (Month, day, year) Oct. 23, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew C. Adams
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Hopper
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Near Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Unknown (First name) Mrs Reavis (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter H. Kirby Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942

(SEAL) J. T. Goodnight Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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449-103-014-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342511
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Payette
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Payette
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD CHARLES ARTHUR DURHAM

5. Date of Birth of Child (Month, day, year) April 13, 1899

6. Sex: Male **7.** Twin or Triplet: No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JAMES BUCHANAN DURHAM
11. Color or Race: White **12.** Age at time of THIS birth: 43 yrs.
13. Birthplace: Marion Co. (City or town) Iowa (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORENCE JANE QUERY
17. Color or Race: White **18.** Age at time of THIS birth: 34 yrs.
19. Birthplace: Adams Co. (City or town) Iowa (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of OREGON
County of MARION } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43 years, and that the physician (First name) (Last name), who attended this birth is unknown and cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Goldie E. Edwards ..... Signature
Rt. 1, Box 264, Salem, Oregon ..... P. O. Address

Subscribed and sworn to before me this 16th day of April, 19 42

(SEAL) ..... Notary Public, residing at Salem, Oregon.
My commission expires Oct. 7, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-127-237-115

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ? (b) City Silver City
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Silver City
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City, Idaho

4. FULL NAME OF CHILD Frank Adolph Lofquist

5. Date of Birth of Child (Month, day, year) 10-27-1899

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Adolph Lofquist
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Burtrask (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner (Silver)
15. Industry or Business Silver Mine

MOTHER OF CHILD

16. FULL MAIDEN NAME Alexandra Caroline Jonsson
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Lofanger (City or town) Sweden (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Michigan } ss.
County of Wayne }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Mrs. Nellie (First name) O'Niell (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Alexandra Lofquist Signature
5009 W. Savannah, Detroit, Mich. P. O. Address

Subscribed and sworn to before me this 13th day of April 1942.

(SEAL) Nellie [illegible] Notary Public residing at Detroit, Mich.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My commission expires January 9, 1944

Received for filing on APR 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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317-111-009-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342627
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yr yrs.

3. RESIDENCE OF FATHER (city, state Priest River, Ida.

4. FULL NAME OF CHILD / Charles Michael Caprye

5. Date of Birth of Child (Month, day, year) Nov. 11 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Caprye
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Lami Italy (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Paski
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lami Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness: Georgia Hagman, Josephine Rickert — Michael Caprye his + mark Signature

P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42

(SEAL) Rickert Notary Public, residing at Priest River, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mary E. Pfeifer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-119-037-359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Oreana
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county none years 11 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Oreana, Idaho.

4. FULL NAME OF CHILD Ira Blair Poole.

5. Date of Birth of Child (Month, day, year) June 19, 1899

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vernon Napoleon Poole.
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Canyonville (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret G Teideman
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Crawford County, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 3 years, and that Mrs Gene Howe (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret G. Poole ..... Signature
Canyonville, Oregon. ..... P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942.

(SEAL) C. B. Eslow ..... Notary Public residing at Tiller, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES SEPT. 11, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-106-021-912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Carl Froerer

5. Date of Birth of Child (Month, day, year) June 6, 1899

6. Sex Male

7. ~~Twin or Triplet~~ single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Herrick Froerer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Maria Rasmussen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Aarhus, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Ventura } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie M. Froerer — Signature
195 Coronado St., Ventura, Calif. — P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942.

(SEAL) Gwendolyn Mae Brown — Notary Public, residing at Ventura, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Oct. 27, 1942

Received for filing on APR 23 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-113-028-367

342708

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENIA (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENIA
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD THOMAS SORES JARRETT

5. Date of Birth of Child (Month, day, year) 5-13-1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NORMAL

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN HENRY JARRETT
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace WHITE PIGEON (City or town) MICH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ADA ELLEN COX
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace SPRINGFIELD (City or town) ILLINOISE (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by SARAH JARRETT CLARK (First name) (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's **OWN** signature DR WOOD M.D. Midwife Address [redacted] Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 48 years of age, that I have known this person for 43 years, and that DR WOOD (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jarrett Clark Signature
6500 Yucca St Hollywood P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942.

(SEAL) Alma E. Krall Notary Public, residing at Hollywood, Calif. (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) The County of Los Angeles, State of California

NOTARY PUBLIC
My Commission Expires Feb. 10, 19

Received for filing on APR 24 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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869-215-244-415

342784

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 1

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley, Idaho

4. FULL NAME OF CHILD VIOLET HORN

5. Date of Birth of Child (Month, day, year) Oct. 15, 1899

6. Sex Femaile

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Henry Horn
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Devonshire, England (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Timpy Davidson
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Heber City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Sarah Baxter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Horn Ware Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 19 42
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-112-029-437

342922

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Township, 42.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Township No. 42.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 8

4. FULL NAME OF CHILD Oda Trogdon

5. Date of Birth of Child (Month, day, year) July 12 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Trogdon
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer and
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora P. McGowen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Summersville, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that (not known) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Perry B. McGowen Signature
Rt. 1, Roseburg, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) Charles V. Stanton Notary Public, residing at Roseburg, Oregon
My commission expires Oct. 15 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251-213-022-381

342926

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Grant
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Grant
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Grant, Idaho

4. FULL NAME OF CHILD Jennilyn Hazel Beach

5. Date of Birth of Child (Month, day, year) 12/13/1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME Charles Henry Beach
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Hazel Chase
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Harrisville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above and that personal particulars were furnished by NELLIE HAZEL ROKES (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature (Deceased) M.D. Midwife Address Date 4/20/42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that SARAH E. BEACH (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Hazel Roker
Signature

2042 No. Highland Avenue
P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942

(SEAL) Sydney E. Le Roy Notary Public, residing at Inglewood Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Sydney E. Le Roy, Notary Public
LOS ANGELES COUNTY, CALIFORNIA
COMMISSION EXPIRES 2-7-1944

Received for filing on APR 27 1942 by Mabel Hedlund, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-109-001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342936
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City MERIDIAN
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay BEFORE delivery: IN THIS county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City MERIDIAN
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) MERIDIAN

4. FULL NAME OF CHILD JOY, ELMORE, BADLEY

5. Date of Birth of Child (Month, day, year) AUG. 9, 1899

6. Sex MALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME OSCAR VERNON BADLEY
11. Color or Race WHITE **12.** Age at time of THIS birth 25 yrs.
13. Birthplace WHITEROCK (City or town) KANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORA LOUISA SMITH
17. Color or Race WHITE **18.** Age at time of THIS birth 25 yrs.
19. Birthplace BEDFORD (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ A.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that MRS. WILMOT (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Louisa Badley Signature
1634 SE MAIN ST. PORTLAND, OREGON P. O. Address

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JAN. 28

Subscribed and sworn to before me this 23rd day of April 1942

(SEAL) A. G. Chalick Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-109-029-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342940
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Merion Ralston Jackson

5. Date of Birth of Child (Month, day, year) Feb. 9, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Jackson
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Marguam (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Serena Chambers
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Waitsburg (City or town), Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ..... years, and that Dr. John Beck (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Serena Jackson Signature
608 Camden St. Oakland Calif. P. O. Address

Subscribed and sworn to before me this 6 day of April, 1942

(SEAL) L. L. Mycoff Notary Public, residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My commission expires April 23, 1945

Received for filing on APR 27 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-125-030-293

342968

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Junction Ida

4. FULL NAME OF CHILD James Roy Stroud

5. Date of Birth of Child (Month, day, year) 4/28/1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John David Stroud
11. Color or Race Infite **12.** Age at time of THIS birth 51 yrs.
13. Birthplace Decatur (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Bedford Silkwood
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Bedford Co. (City or town) Ill. (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Dr. Murphy (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. A. Stewart Signature
Leadore Ida P. O. Address

Subscribed and sworn to before me this 23 day of Apr 1942, 19
(SEAL) Mary M. Stone Notary Public, residing at Leadore Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary E. Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-130-001-795

343020

343020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas W. Prescott

5. Date of Birth of Child (Month, day, year) Apr. 30, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Prescott
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Northwich (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Hammond Prescott
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Wolverhampton (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 43 years, and that Mrs. Matcham, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Prescott — Signature
Rough & Ready, California — P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL) — Notary Public, residing at Grass Valley, Calif.
My commission expires March 15, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-109-025-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343042
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Idaho

4. FULL NAME OF CHILD Harold Oscar Pell

5. Date of Birth of Child (Month, day, year) Oct 9, 1899

6. Sex m

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Otis Pell
11. Color or Race w
12. Age at time of THIS birth 26 yrs.
13. Birthplace Pella (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Leda May Garner
17. Color or Race w
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lowa Pt. (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that Mary M. Garner (midwife) (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leda May (Pell) Ramey — Signature
Elk City Idaho — P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942
(SEAL) Alma Leist — Notary Public, residing at Elk City, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-115-003-714

343053

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bannock (b) City: Pocatello
(c) Street Address or R.F.D. No.: 1454 N. Harrison
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Pocatello
(d) Street Address or R.F.D. No.: 1454 N. Harrison
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: RALPH DAVIS

5. Date of Birth of Child (Month, day, year): 12/15/1899

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**: Owen Thomas Davis
11. Color or Race: white
12. Age at time of THIS birth: 29 yrs.
13. Birthplace: Cardiff, (City or town) Wales (State or foreign country)
14. Exact Occupation: Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Hattie Sarah Gaunt
17. Color or Race: white
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Cregg, (City or town) Holt County, Missouri (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of: IDAHO
County of: Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears as Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Hattie Sarah Davis. Signature

P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42

Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

APR 27 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to Chief, Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires a separate payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local r[illegible] record in the Bureau of Vital Statistics for the purpose [illegible] prescribed in Chapter 2, Title 38, Idaho Code Annotated, [illegible] report is accompanied by a certificate of the attending p[illegible] midwife, or by affidavits of the father or mother of the[illegible] neither father or mother of the child is living or accessible, or the nearest of kin or guardian, or some person having direct [illegible] in the premises.

5-9235 103022 391

343249 343249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (Roberts)
(a) County Fremont (b) City Market Lake
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD Clifford Allen Stevenson

5. Date of Birth of Child (Month, day, year) May 3, 1899

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Dell Stevenson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & Freighting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Mary Crapo
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --------

This certificate issued in accordance with Chapter 139, 1937 Idaho Session laws permitting the filing of birth certificates of adopted children in the foster name. Order of Adoption filed in File No. 25 on page 76 of Book A of Probate Proceedings of Fremont County, Idaho, on May 13, 1899. Order states "infant 10 days old" and adopted by Edward D. Stevenson and Olive M. Stevenson. Authentic copy filed in the Bureau of Vital Statistics, May 1, 1942.
Director, Bureau of Vital Statistics.

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 71 years, and that ✝ (First name) ✝ (Last name), who attended this birth ✝ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive M. Stevenson Signature
155 So. 1st. East-Logan, Utah P. O. Address

Subscribed and sworn to before me this 2 day of April, 19 42
(SEAL) Comm Ex 2-4-46 Notary Public, residing at Logan, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-1-42 by Mark Hofer, Registrar.

Use only BLACK Ink or BLACK Record type bearing FIRST-CLASS postage to State Bur copy requires an advance payment of fifty

eting this certificate. Mail COMPLETED certificate in envelope Boise, Idaho, for filing. No charge for filing. Each certified coin.

MAY 1 1942

JUN 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

389-103 028 367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343307
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Ida

4. FULL NAME OF CHILD Albert Chisholm

5. Date of Birth of Child (Month, day, year) May 3rd 1899

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Dick Chisholm
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Rel[redacted] Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Cox
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace [redacted]ton Oregon (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Shafer Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 28 day of April, 19 42

(SEAL) W. J. Chapin Notary Public, residing at Post Falls Ida.

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-122 001-419 MAY 4 1942

343359 343359

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 1 mi. E, 2 mi. N of Meridian
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Idaho

4. FULL NAME OF CHILD Glenn Ray Davidson

5. Date of Birth of Child (Month, day, year) Oct. 22, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Samuel Davidson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Cattle raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Cleora May Martin
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Buchanan, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Dr. Compton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cleora Davidson Percy. Signature

R. F. D. #1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942

(SEAL) [illegible] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 719 022 312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343418
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City near Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County
(c) City Red Lodge
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 months

3. RESIDENCE OF FATHER (city, state) Red Lodge, Mon.

4. FULL NAME OF CHILD BART LYNN MANTHEY

5. Date of Birth of Child (Month, day, year) March 19, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Perry L. Manthey
11. Color or Race white
12. Age at time of THIS birth 17 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Casper
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of ... County of ... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Perry L. Manthey — Signature
8660 Bradley Rosedale Calif. — P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942
(SEAL) Cornelis Van Steenwijk Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

633-114 045-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343433
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Altura (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity Home~~:
Name of Co later Lincoln
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leland Stanford Otterson

5. Date of Birth of Child (Month, day, year) Oct 14th 1899

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Harvey Otterson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mayfield (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculturist

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Louise Vader
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Atkinson (City or town) Illinois (State or foreign country)
20. Exact Occupation Home-maker
21. Industry or Business House wife and mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Deceased Date

State of California
County of Glenn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Louise Vader Otterson Signature
Willows, Calif. P. O. Address

Subscribed and sworn to before me this 28th. day of April, 19 42.

(SEAL) Edwin M. Lemison Notary Public, residing at Willows, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mabel Heefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-208029-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343465
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) P.O.
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City P. O. Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ½ yrs.

3. RESIDENCE OF FATHER (city, state) Viola, Ida

4. FULL NAME OF CHILD Irene Alberta Sinclair

5. Date of Birth of Child (Month, day, year) Feby 8, 1899

6. Sex F

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Sinclair
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Warm Springs, Calif (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber Camps

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta May Neece
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ukiah, Calif (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Dr Walter Farnham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta M. Sinclair Signature
Palouse, Wash. P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942.
(SEAL) Allan Langness Notary Public, residing at Palouse.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-117-044-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343486
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. Brannon
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Charles Griffin Lydston

5. Date of Birth of Child (Month, day, year) Oct. 17-1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Sylvester Lydston
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Fannin County Texas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Milton Keithly
17. Color or Race
18. Age at time of THIS birth 27 yrs.
19. Birthplace Sullivan County Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Jane Lydston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Milton Lydston Mc Cain — Signature
Midvale Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of May, 19.42.
(SEAL) J. Goodnight — Notary Public, residing at Midvale Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by M. H. Keefer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 126 028-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Idaho

4. FULL NAME OF CHILD Jesse Floyd Tyree

5. Date of Birth of Child (Month, day, year) September 26, 1899

6. Sex Male

7. Twin or Triplet Single **If so—born 1st, 2nd, 3rd** 5th

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christopher Columbus Tyree
11. Color or Race White **12. Age at time of THIS birth** 38 yrs.
13. Birthplace Henry County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Francis Robison
17. Color or Race White **18. Age at time of THIS birth** 27 yrs.
19. Birthplace Southwest City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Mrs. Newton (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires June 2, 1943

Mary Francis Robison Tyree Signature
1625 5th St., Box 46, Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942

(SEAL) Herbert A. Baldwin Notary Public, residing at Coeur d' Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-226 003-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343540
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Mink Creek, Ida

4. FULL NAME OF CHILD Mamie Marie Cromey

5. Date of Birth of Child (Month, day, year) 4, 26, 1899

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Aaron Cromey
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Josephine Petersen
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Helen Sinp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Cromey Signature
Firth P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42
(SEAL) Geo. W. Lindbury Notary Public, residing at Firth Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mae [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-124 014-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343626
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Homer Isaac Gowey

5. Date of Birth of Child (Month, day, year) Dec 24 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harper Clinton Gowey.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ruby (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Francis Deck
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Texas County (City or town) Missouri (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon, County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Clive Gowey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harper Clinton Gowey Signature
Halfway, Oregon. P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42.
(SEAL) Lulu Tate Notary Public, residing at Halfway, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires 1/9/44

Received for filing on MAY 4 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343655

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 510 E 3rd St
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 510 E 3rd St
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alice Emily Edgecombe

5. Date of Birth of Child (Month, day, year) May 14, 1899

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Arthur Edgecombe
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Renova (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Grocer
15. Industry or Business Grocer

MOTHER OF CHILD

16. FULL MAIDEN NAME Monnie Mae Hoagland
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Medical Lake (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that D. C. L. Gutman (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Monnie Mae Edgecombe ..... Signature
Cataldo, Idaho ..... P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1942
(SEAL) Laurence E. Huff ..... Notary Public, residing at Moscow Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mary H. Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343680
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Willow Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Willow Creek Ida.

4. FULL NAME OF CHILD George Darwin Jeffs

5. Date of Birth of Child (Month, day, year) 11 Aug. 1899

6. Sex M **7.** Twin or Triplet **If so—born 1st, 2nd, 3rd** 1 **8.** No. months of Pregnacy Reg **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Jeffs
11. Color or Race Wh. **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Dayley
17. Color or Race Wh. **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Mrs. Jeanette Dayley (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Dayley Jeffs Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42
(SEAL) Nancy Wrucke Notary Public, residing at Burley, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mabel Steelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

MAY 7 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343712
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 75 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Idaho

4. FULL NAME OF CHILD John Lester Jolley

5. Date of Birth of Child (Month, day, year) April 29, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Rutledge Jolley
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Farminton, Utah (City or town) (State or foreign country)
14. Exact Occupation Police Officer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Lundegren
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that Ellen Martin (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Jolley Signature

P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) Claude A. Dennis Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary F. Edger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

MAY 7 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343716
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Ida

4. FULL NAME OF CHILD Myron Lloyd Dorsey

5. Date of Birth of Child (Month, day, year) 1-8-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Morton Dorsey
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma May Ritchie
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Mrs (First name) Wilmot (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecelia Sailor Signature

Boise Idaho 1212 Linden P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942

(SEAL) Geo Neher Notary Public, residing at Boise

Notary Public for Idaho
Residence, Boise, Idaho
My commission expires Aug. 1, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maud Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Gen. Delivery.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Gen. Delivery.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GORDON W. SHAFFER,

5. Date of Birth of Child (Month, day, year) Oct. 21, 1899

6. Sex male

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME SAMUEL SHAFFER,
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Oxford, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Miller
17. Color or Race white **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Maysville, (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at 9:15 A.M. (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Mamie Shaffer (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature (~~xxxx~~ deceased) M.D. Midwife Address none Date

State of Washington, County of Yakima, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 42 years, and that Dr. Fairchild (First name) (Last name), who attended this birth (now deceased) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Shaffer Signature
General Delivery, Wapato, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.
(SEAL) [illegible] Notary Public, residing at Wapato, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343849
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address of R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Middleton Idaho

4. FULL NAME OF CHILD Henrietta Huldiah Reinemer

5. Date of Birth of Child (Month, day, year) Aug. 7, 1899

6. Sex Female **7.** Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry George Reinemer
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Business of his own

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Kohlhepp
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Oregon City (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4-30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ada (First name) Reinemer (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Bertha Kohlhepp M.D. Midwife Address Middleton Idaho Date Aug. 7, 1899

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Now Ada Smith Signature
142 Union St. Salem, Oregon P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942
(SEAL) Frederick G. Dellaus Notary Public, residing at Salem, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343868
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Edward Lester Anderson

5. Date of Birth of Child (Month, day, year) April 11 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Frost Anderson
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Georgia (City or town) (State or foreign country)
14. Exact Occupation Gardener
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Keturah Hannah Masterson
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Benton County Arkansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Mrs Alice Kahart (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Keturah Hannah Anderson Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942
(SEAL) C. H. Reynolds Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

554 111 029 632

343872

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy, Idaho
(c) ~~Street address or~~ R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) ~~Street address or~~ R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Elmer Emanuel Vedvig

5. Date of Birth of Child (Month, day, year) April 11, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John H. Vedvig
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Vermland (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H. Vedvig ..... Signature
1411 H St. Eureka, Calif. ..... P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) ..... Notary Public, residing at Eureka, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-216 035-298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343912
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home: At farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Leland, Idaho.

4. FULL NAME OF CHILD EDNA HELEN OLSON

5. Date of Birth of Child (Month, day, year) Oct. 16, 1899.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ole J. Olson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Kryger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Holland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 43 years, and that the physician, whose name I do not remember (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Olson Signature
922 Riverside Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 19 42.
(SEAL) Harry T. Dancenport Notary Public, residing at Spokane.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel Hedlin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

246-19-035-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344074
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Reubens
(c) Street Address or R.F.D. No. Rural Route (no no.) 4 mi. north of Reubens
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN THIS county three years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County New Perce
(c) City Reubens, R.Route
(d) Street Address or R.F.D. No. None, no number
(e) How long ~~has~~ had **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Reubens, Idaho

4. FULL NAME OF CHILD Jesse Clyde Smoots

5. Date of Birth of Child (Month, day, year) Aug. 19th, 1899

6. Sex Male

7. Twin or Triplet No / No — If so—born 1st, 2nd, 3rd — —

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Burton Smoots
11. Color or Race Citizen of United States
12. Age at time of THIS birth 28 yrs.
13. Birthplace Irving, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Estella Pool
17. Color or Race U.S. citizen
18. Age at time of THIS birth 22 yrs.
19. Birthplace Irving, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-four years of age, that I have known this person for all his life; 42 Years years, and that Dr. Holliday (First name) (Last name), who attended this birth deceased now (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Estella Smoots Signature
2126 North Astor St., Spokane, Washington P. O. Address

Subscribed and sworn to before me this 7th day of May, 19 42
(SEAL) Clyde H. Bellinger Notary Public, residing at Spokane, Washington.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mary Kelsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791 112004 251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City PARIS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2-3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City PARIS
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 2-3 yrs.

3. RESIDENCE OF FATHER (city, state) PARIS, IDAHO

4. FULL NAME OF CHILD WARREN ALVIS GRANDY

5. Date of Birth of Child (Month, day, year) 1-12-1899

6. Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME PETER PAUL GRANDY
11. Color or Race WHITE **12.** Age at time of THIS birth 50 yrs.
13. Birthplace MAYLAND (City or town) ITALY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY MARGARETE KNADLER
17. Color or Race WHITE **18.** Age at time of THIS birth 40 yrs.
19. Birthplace STUGARTEN (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by SOPHIA GRANDY BACH (First name) (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that WARREN B (First name) WEST (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia Grandy Bach Signature
199 WEST 43 PLACE LOS ANGELES, CALIF. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.
(SEAL) M. C. Collins Notary Public, residing at Huntington Park Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

284 106 037 445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344157
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Ida.

4. FULL NAME OF CHILD Frank Shull

5. Date of Birth of Child (Month, day, year) May 6, 1899

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 7½ **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Perry Shull
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Winchester, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Caroline Duncan
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Rhetta (First name) Perjue (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella C. Shull Signature
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 19 42
(SEAL) [illegible] Notary Public, residing at Challis, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Fleeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-224044-717

344166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Crane Creek
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Lillian May Pratt

5. Date of Birth of Child (Month, day, year) Aug. 24, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Barney Pratt
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Castle Rock (City or town) Colorado (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Retta Louise Page
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Witachataw, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child six (6) (b) Born alive and now living four (4)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Retta Louise Page Pratt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-nine years of age, that I have known this person for forty-two years, and that Mrs. Eva Logan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Retta Louise Page Pratt — Signature
#820 Cedar Street, Chico, California — P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.

(SEAL) Jessie G. Jones — Notary Public, residing at #208 Main Street County of Butte State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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261 226 029 664

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state Latah Co., Ida.

4. FULL NAME OF CHILD Alice Ethlyn Swartz

5. Date of Birth of Child (Month, day, year) Mar. 26, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Jacob Swartz
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Clearfield Co., Penna. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice May Fouts
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Buchanan Co., Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for ..... years, and that Mary (First name) Quindette (Last name) midwife, who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 4, 1944

Alice May Fouts Swartz — Signature
6426 N. Denver Av., Portland, Or. — P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942.

(SEAL) E M Moltzner — Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mark Reeder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-108 032-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344467
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Minidoka
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Minidoka
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Minidoka Ida.

4. FULL NAME OF CHILD Lawrence Martin Cullen

5. Date of Birth of Child (Month, day, year) Feb. 8, 1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lawrence Cullen
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Grafton (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Store keeper
15. Industry or Business General Store.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ellen Johnston
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cadonia (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-five years of age, that I have known this person for forty-three years, and that Honora (First name) Johnston (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ellen Cullen Signature
320 No. Front Ave. Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) J. A. McCullen Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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653-102-028-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344514
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Kootenai (b) City: Blackbear
(c) Street Address or R.F.D. No.: P.O. Gem, Idaho
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Kootenai
(c) City: Blackbear
(d) Street Address or R.F.D. No.: P.O. Gem, Idaho
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Blackbear, Idaho

4. FULL NAME OF CHILD David Ellis William Wells

5. Date of Birth of Child (Month, day, year) March 2, 1899

6. Sex: Male **7.** Twin or Triplet: no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Ellis Wells
11. Color or Race: white **12.** Age at time of THIS birth: 23 yrs.
13. Birthplace: Nebraska (City or town) (State or foreign country)
14. Exact Occupation: Blacksmith
15. Industry or Business: Blacksmith (independant)

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada C. Bellows
17. Color or Race: white **18.** Age at time of THIS birth: 23 yrs.
19. Birthplace: Ellsworth, Kansas (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Mason } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Dr. Guy Day (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada C. Wells. Signature
Shelton, Mason County, Washington P. O. Address

Subscribed and sworn to before me this 9th day of May, 19 42

(SEAL) [signature] Notary Public, residing at Shelton, Wn.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 714 016-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Sublett
(c) Street Address or R.F.D. No.: --
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Sublett
(d) Street Address or R.F.D. No.: --
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Sublett, Ida.

4. FULL NAME OF CHILD Alvin Torben Christopherson

5. Date of Birth of Child (Month, day, year) April 14, 1899

6. Sex Male **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hans Christopherson
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Wieby, Wieby County, Denmark (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Olson
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Thorup Magle, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho, County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person ~~for~~ ~~xxx~~ all his ~~years~~ ~~xxx~~ life and that Isabelle Powers (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Olson Christopherson Signature

347 So. Normal, Burley, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.

(SEAL) [signature] Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-210-003-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344576
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Robin, Idaho

4. FULL NAME OF CHILD Agnes Chedgzey

5. Date of Birth of Child (Month, day, year) Nov. 10 - 1899

6. Sex Female **7.** Twin or Triplet 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Bell Chedgzey
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Butler
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Nancy Marley (First name) (Last name), who attended this birth, Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Elijah Butler Signature
1982 South State Street P.O. Address

Subscribed and sworn to before me this 13 day of May, 1942 Salt Lake City
(SEAL) David L. Madsen Notary Public, residing at Salt Lake City, U.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-112-035-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344613
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. R
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Henry Harland Brown

5. Date of Birth of Child (Month, day, year) Aug. 12 1899

6. Sex Male **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd No **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orlando Brown
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 4

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Thodstrup
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace State of Ill. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business 4

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Ah. Watts (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Brown Johnson Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 13 day of Apr. 1942
(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Merl Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-226-035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344663
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 2 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose, Idaho

4. FULL NAME OF CHILD Eleanor Evelyn Berry

5. Date of Birth of Child (Month, day, year) Jan. 26, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lowry Logan Berry
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Lamont (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Josephine Williams
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Hiawatha (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Dicie Berry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Florence Etter Signature
Viola Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942
(SEAL) J. M. Hanson Notary Public, residing at Moscow, Idaho
NOTARY PUBLIC for the State of Idaho
My Commission Expires Dec. 3, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 14 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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AFFIDAVIT

STATE OF IDAHO)
) ss
County of Latah)

Florence Josephine Etter, being first duly sworn on oath depeses and says:

That she is the mother of Eleanor Evelyn Berry, who was born in Nez Perce County, Idaho on the 26th day of January, 1899; that at the time of the birth of said Eleanor Evelyn Berry, this affiants name was Florence Josephine Berry, and that the name of the father was Lowrey Logan Berry, who died November 30, 1911; that this affiant further states that the said Eleanor Evelyn Berry made an application for delayed certificate of birth as provided for and in the laws of the State of Idaho, but that due to a mistake, the said delayed certificate of birth shows the said Eleanor Evelyn Berry as born January 26, ~~1900~~; ~~this error~~ was due to the fact that most of the records showing the true date of birth was lost by fire. Subsequently, the discreptancy was discovered and affiant states that the said Eleanor Evelyn Berry was born at the time and place shown herein.

Dated this 11th day of July, 1942.

Florence Josephine Etter

Subscribed and sworn to before me this 11th day of July, 1942.

Robert W. Peterson
Notary Public in and for the State of Idaho, residing at Moscow, Idaho

15Y-205-028-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Porthill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: st home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Porthill
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Porthill

3. RESIDENCE of FATHER (city, state): Porthill, Ida.

4. FULL NAME OF CHILD Ellen Anderson

5. Date of Birth (Month, day, year) Apr. 5, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joe Anderson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Welland, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Sloop
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Queen City Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 14 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy Sloop Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ellen Anderson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. E. Olds (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy Sloop Anderson — Signature
Porthill, Idaho — P. O. Address

Subscribed and sworn to before me on this 31st day of March, 19 41

(SEAL) [signature] Notary Public, residing at Bonners Ferry, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-204-016-419

344951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City ALBION
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City ALBION
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) ALBION, IDAHO

4. FULL NAME OF CHILD MAYE MARIE MILLER

5. Date of Birth of Child (Month, day, year) DEC. 4-1899

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ARTHUR Cobb MILLER
11. Color or Race WHITE **12.** Age at time of THIS birth 23 yrs.
13. Birthplace PENN. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE ESTELLA MARCUS
17. Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
19. Birthplace JUNCTION CITY ARK. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since birth years, and that Dr. Story (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Miller Gertsch Signature
9114 Menlo Ave., Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me this 15 day of May, 1942
My Commission Expires Feb. 18, 1944 Elsie B. Rolley Notary Public, residing at 1102 S. Vermont Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel Kelly, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-109-026-413

344963

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. Lorenzo R. D.
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years 3 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No. Lorenzo
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Annis,

3. RESIDENCE of FATHER (city, state) Annis, Idah

4. FULL NAME OF CHILD Glenn Wood Browning

5. Date of Birth (Month, day year) Feb. 9, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Andrew Browning
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Christina Matson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Upsala (City or town) Sweden (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma C. Browning (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 18 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address St Anthony, Ida Date 5-12-42

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma C. Browning, being first duly sworn, say that I am related (Related to (or) acquainted with) Glenn Wood Browning (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Rose (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma C Browning — Signature
St Anthony, Idaho — P. O. Address

Subscribed and sworn to before me on this 12 day of May 1942
(SEAL) Morris Grace Notary Public, residing at Mackay

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-120-012-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34496 9
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at mother's home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Arco, Idaho

4. FULL NAME OF CHILD Philip Combe

5. Date of Birth of Child (Month, day, year) July 20, 1899

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bartholomew Combe
11. Color or Race Italian **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Piedmont (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Gardiol
17. Color or Race Italian **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Provo, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 42 years, and that Mrs Ella Johnson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jo Johnson George Signature
Arco Idaho P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL) [illegible] Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-101-035-493

344995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho ~~[illegible]~~ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ferdinand Winkley

5. Date of Birth of Child (Month, day, year) March 1, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Winkley
11. Color or Race White
12. Age at time of THIS birth 0 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Power house

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Miller
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that ~~Ferdinand Winkley~~ (First name) unknown (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cleo C. Winkley Signature
Everett, Wash. P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942

(SEAL) C. E. Dudley Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1947 by Mary E. Geldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-121-010-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 6 mo. ~~yrs~~

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Wallace Solomon Kunkel

5. Date of Birth of Child (Month, day, year) Feb. 21, 1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Wallace Kunkel
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Humboldt, (City or town) Nevada (State or foreign country)
14. Exact Occupation poultry buyer
15. Industry or Business poultry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Jane Burnett
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Christ Church, (City or town) New Zealand (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that physician (unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian J. Kunkel Signature
1648 S 10 th E Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 14th day of Feby, 1943
(SEAL) Octavia Irwin Notary Public, residing at Orovil

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-128-028556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346017
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state Rathdrum, Ida

4. FULL NAME OF CHILD Jay Newlon Dyer

5. Date of Birth of Child (Month, day, year) Oct. 28, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Albert Dyer
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Kansas City (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma May Newlon
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Richmond (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 43 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sister D. Betts
Signature
6118 Lemina Ave. Spokane Wash.
P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Ruby A. Hill, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-213-029-347

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346063
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Genesee
(c) Street Address or R.F.D. No.: —
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years / months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Washington (b) County: Spokane
(c) City: Spokane
(d) Street Address or R.F.D. No.: Hagan Block
(e) How long has **MOTHER** lived in Idaho? 2 months yrs.

3. RESIDENCE OF FATHER (city, state): Spokane Wash

4. FULL NAME OF CHILD: Esther Almira Brown

5. Date of Birth of Child (Month, day, year): Sept. 13, 1899

6. Sex: Female

7. Twin or Triplet: —

If so—born 1st, 2nd, 3rd: —

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: John Eddie Brown
11. Color or Race: White
12. Age at time of THIS birth: 43 yrs.
13. Birthplace: Knightstown (City or town) Indiana (State or foreign country)
14. Exact Occupation: Lumber man
15. Industry or Business: Lumber Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Edna Marie Luper
17. Color or Race: White
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: Target (City or town) Oregon (State or foreign country)
20. Exact Occupation: House-wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: —

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person since birth years, and that Dr. Clem (First name) ..... (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Eddie Brown Signature

4110 S.W. Condor Ave. Portland Oregon P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Lucie Mitchell Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Dec 19, 1946

Received for filing on MAY 20 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-122-011-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346086
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOUNDARY (b) City PORTHILL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOUNDARY
(c) City PORTHILL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) PORTHILL Ida.

4. FULL NAME OF CHILD JOSEPH JAMES WENDEL

5. Date of Birth of Child (Month, day, year) FEB. 22, 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME HENRY WENDEL
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY GOLDBACH
17. Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
19. Birthplace MARATHON CITY WIS. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother, (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mrs R. Draves, (First name) (Last name), who attended this birth can not be contacted (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

xMrs. Mary Goldbach Wendel Signature

P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) E B Schultz Probate Judge xxxxxx Notary Public, residing at Bonners Ferry Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 15 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-117-007-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346261
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. Postoffice
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 9 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Harold Earl Walker.

5. Date of Birth of Child (Month, day, year) Jan. 17, 1899.

6. Sex male. 7. Twin or Triplet no If so—born 1st, 2nd, 3rd ** 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter George Walker.
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Scotland. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sheep Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Walker
17. Color or Race Negro 18. Age at time of THIS birth 17 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid water

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lula Walker Signature

..... P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) Sarah Barnes Notary Public, residing at 702 23rd Ave. Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-208109-213

346343

346343

United States Department of Commerce Bureau of Census

MAY 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address R.F.D. Eagle, Idaho

3. RESIDENCE of FATHER (city, state) Eagle, Idaho

4. FULL NAME OF CHILD Nancy Estella Breshears

5. Date of Birth (Month, day year) Nov. 8, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Carter Breshears

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Near Joplin Mo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adah Bertha Batdorf

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Salina (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7.45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Thomas C. Breshears (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAY 26 1942 (Date received) (b) Maurice F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Thomas C Breshears ~~M.D.~~ (~~D.O., Midwife, etc.~~) FATHER
and address 1117 So. Carter Street San Pedro, California

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Thomas C Breshears, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nancy Estella Breshears (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jack Springer, M.D. (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Thomas C Breshears — Signature
1117 So. Center Str. San Pedro, Cal. — P. O. Address

Subscribed and sworn to before me on this 30th day of March, 1947

(SEAL) Hattie V. Greene — Notary Public, residing at San Pedro, Calif. 612 So. Centre st.

My Commission Expires April 19, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-216-044231

346372

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser Idaho
(c) Street Address or R.F.D. No. Weiser Flat
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No. Weiser Flat
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Ida.

4. FULL NAME OF CHILD Jeanne Jeanette Smith

5. Date of Birth of Child (Month, day, year) June 16 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Franklin Smith
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Belle Stark
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Story County Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I ~~am the~~ brother (Mother, etc.) ~~of the~~ person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for 45 years, and that Mrs. Absher (First name) (Last name), who attended this birth can not be located ~~(is now deceased)~~ or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Floyd Smith Signature
Prosser R.R. No. 1 P. O. Address

Subscribed and sworn to before me this 13th day of May 1942, 19

(SEAL) D. E. McGregor Notary Public, residing at Prosser Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-220-035-855

346375

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 9 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 99 yrs.
(f) Mother's mailing address Forest, Idaho.

3. **RESIDENCE of FATHER** (city, state) Forest, Idaho

4. **FULL NAME OF CHILD** Loris Emogene Tefft.

5. Date of Birth (Month, day year) Sept. 20, 1929.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bertram Walter Tefft.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Elgin, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Hendrickson
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Vancouver, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 20 1942 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am Related to (Related to (or) acquainted with) Loris Emogene Tefft (Name of person on certificate above) as aunt. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie G. Stevens Signature
Rt. 1, Box 186, Manteca, Calif. P. O. Address

Subscribed and sworn to before me on this 14th day of April, 1942.

(SEAL) Edward Cheney Notary Public, [redacted]
in and for the County of San Joaquin, State of California.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

944-126-008-336

346398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Quartzburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1-5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Quartzburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-5 yrs.

3. RESIDENCE OF FATHER (city, state) Quartzburg Ida

4. FULL NAME OF CHILD Herbert Clyde Rude

5. Date of Birth of Child (Month, day, year) May 26 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Rude
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Cloudor ~~Rude~~
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna Rude (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. E. Stanchfield M.D. ~~Midwife~~ Address Centerville Date May 18 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mabel F. Gilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-231-235-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346406
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) 14 yrs

4. FULL NAME OF CHILD Rosetta Elizabeth Stoddard

5. Date of Birth of Child (Month, day, year) 8-31-1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Elsworth Stoddard
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Lawrence (City or town) Michigan (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Mercantile Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Richards
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Mineral Point (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that W. J. Tr Stoneburner (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice Stoddard Smith Signature
Route 2. Lenore Idaho. P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942.
(SEAL) Philip Hengel Notary Public, residing at Lenore Idaho.
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by W. H. Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1962

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-115-014-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346425
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Parma-Idaho

4. FULL NAME OF CHILD Vestal Thomas Mansell

5. Date of Birth of Child (Month, day, year) July-15-1899

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Billingsly Mansell
11. Color or Race Anglo Saxon 12. Age at time of THIS birth 41 yrs.
13. Birthplace Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Adams
17. Color or Race Anglo-Saxon 18. Age at time of THIS birth 29 yrs.
19. Birthplace Boonesboro (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 42 years, and that none (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James B. Mansell Signature
Notus Idaho P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942
(SEAL) R. A. Leeper Notary Public, residing at Notus Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on MAY 22 1942 by Mary E. Butler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-218-01K-849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Near Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Payette
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Payette Ida

4. FULL NAME OF CHILD Beulah Duell

5. Date of Birth of Child (Month, day, year) Aug. 18, 1899

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Henry Duell
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace New York City N. Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie Mabel Hurd
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Rochelle (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Mrs Paylee (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) ~~I further statement~~ the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chas Duell Signature
Portland P. O. Address

Subscribed and sworn to before me this 15th day of May Idaho, 1942
(SEAL) J. D. Lane Notary Public, ~~residing at~~ Ore. My Comm. Expires 3/2/1946
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-209 1021 249

MAY 25 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346569
Local Reg. No. 142
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dorothy Aline Canfield

5. Date of Birth of Child (Month, day, year) Dec. 9, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Augustus Canfield
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ossian (City or town) New York (State or foreign country)
14. Exact Occupation Doctor of Medicine
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Smith
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Burbage (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the family (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Fanny E. McQueen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della M. Chadwick — Signature
Preston, Idaho — P. O. Address

Subscribed and sworn to before me this 21st day of May, 19 42
(SEAL) F. W. Nielson — Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-21-1942 by Effie W. Brown — Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392-104-029-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346625
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD George Walter Bishop

5. Date of Birth of Child (Month, day, year) Mar. 4, 1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Newton Bishop
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Solo, (City or town) Ore. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Jane Powers
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Near Roseberg, (City or town) Ore. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Mason } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 43 years, and that Mrs. C. C. Carpenter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Bishop Eccles Signature
710 Cedar St. Shelton, Wash. P. O. Address

Subscribed and sworn to before me this 22nd day of May, 19 42.
(SEAL) [illegible] Notary Public, residing at Shelton, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-220-01-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Washington
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years Two months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Twin Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ada Aleen Rumbley Melgard

5. Date of Birth of Child (Month, day, year) May 20, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Armstrong Rumbley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Terre Haute, (City or town) Indiana (State or foreign country)
14. Exact Occupation Operating a mine
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Ethel Swiger
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Union (City or town) Oregon (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Now deceased M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Doctor Springer (First name) of Boise (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ethel Rumbley Signature

Baker, Oregon P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42

(SEAL) W. [illegible] Notary Public, residing at Portland Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-230-028-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346636
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Couerd A'lene (b) City Mica Bay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Couerd A'lene
(c) City Mica Bay-Couerd A'lene County
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Mica Bay,
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Frances Pearl Lord
5. Date of Birth (Month, day, year) Jan. 30, 1899
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Ela Lord
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kossuth, (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Butler
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace New Boston, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 25 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida May Lord, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Pearl Lord (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wilson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Ida May Lord Signature
Box 333 — Lebanon Oregon P. O. Address

Subscribed and sworn to before me on this 25th day of March, 19 42

(SEAL) [signature] Notary Public, residing at Lebanon, Oregon

My Commission expires: Nov. 1, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-111-035-759

346640

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Gifford Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home -
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Near - Gifford Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Weldon B Wasem.

5. Date of Birth of Child (Month, day, year) 9/11/1899

6. Sex Male

7. Twin or Triplet BERNARD If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Fred Wasem

11. Color or Race White **12.** Age at time of THIS birth 25 yrs.

13. Birthplace Fort Dodge (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer -

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Mary Geiger

17. Color or Race White **18.** Age at time of THIS birth 23 yrs.

19. Birthplace Stuart (City or town) Germany (State or foreign country)

20. Exact Occupation House wife -

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 yrs years, and that Mrs Geo. Wyman (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Wasem Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1942

(SEAL) E. Dillingham Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-130-D 114-665 MAY 28 1942 346667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346667
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Near Caldwell
(c) Street Address or R.F.D. No. none at that time
(d) Name of Hospital or Maternity Home: born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idahon (b) County Canyon
(c) City Near Caldwell
(d) Street Address or R.F.D. No. none at that time
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Thomas William Conway

5. Date of Birth of Child (Month, day, year) Aug. 30, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Conway
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Camp tender for sheepmen
15. Industry or Business sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Edith Owen
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Near Beatrice, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Dr. Ed. Maxey (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mabel E. Conway — Signature
Olympia, Washington, RFD #1, Box 121 — P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942

(SEAL) Glenn A. T. Vannell — Notary Public, residing at Olympia, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

734-103-029-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346708
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATHA (b) City TROY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD LEWIS JASPER PLUNKITT

5. Date of Birth of Child (Month, day, year) May 3 1899

6. Sex MALE

7. Twin or Triplet one ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JONATHAN PLUNKITT
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace SOWISVILL (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation engineer
15. Industry or Business Steam Engine

MOTHER OF CHILD

16. FULL MAIDEN NAME MISSOURI Maple
17. Color or Race white **18.** Age at time of THIS birth 41 yrs.
19. Birthplace LONDON (City or town) INDIANA (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 43 years, ~~and that~~ (First name) (Last name) ~~who attended this birth~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert H Plunkitt Signature
S-1721 Chestnut H P. O. Address

Subscribed and sworn to before me this 25 day of May, 1942
(SEAL) Ann Allasdyce Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effectiv[illegible] Chapter 191, 1911 Session Laws, has not been recorded, or [illegible] failure to report any birth which has occurred subsequent[illegible] date, such report may be received and filed by the local reg[illegible] record in the Bureau of Vital Statistics for the purposes [illegible] prescribed in Chapter 2, Title 38, Idaho Code Annotated, w[illegible] report is accompanied by a certificate of the attending ph[illegible] midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-202-006-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346763
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Etta Virginia Sanders

5. Date of Birth of Child (Month, day, year) June 2 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph A Sanders
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Virginia Vance
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace ~~Idaho Falls~~ ~~Idaho~~ (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Mrs. DeBell (First name) (Last name), who attended this birth ..... (~~is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph A Sanders Signature
1546 E Windsor, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942.
(SEAL) Stella C. Burns Notary Public, residing at 3562 Orange Ave. Long Beach, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
My Commission Expires May 5, 1943

Received for filing on MAY 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-129-035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346776
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Idaho

4. FULL NAME OF CHILD Orval Dean Garrison

5. Date of Birth of Child (Month, day, year) April 29, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Royal E. Garrison
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace McMinnville (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lona Hanna [redacted] Williams
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Vermillion (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that W. W. Webb (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Royal E. Garrison Signature
812 S. 8'th Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May 1942
(SEAL) Sarah E. Rupert Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel McCallum, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-205-022-21X

346784

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 6 years month days.

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Rexburg, Idaho, Rexburg

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Florence Sommer

5. Date of Birth (Month, day year) Sept. 5, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nicholas Sommer
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Byrne (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Annie Saurey
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Cottonwood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 27 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nicholas Sommer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Sommer (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Walz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Nicholas Sommer Signature
R. F. D. #3, Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942
(SEAL) ~~Notary Public~~, residing at Rexburg, Idaho
DEPUTY Clerk of the District Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-218-028-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346793
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Hayden Jct.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hayden Jct.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Hayden Jct, Idaho

4. FULL NAME OF CHILD Florence Bell Coleman

5. Date of Birth of Child (Month, day, year) Aug 8 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edward Coleman
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Adams (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Bell Freeman
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Pennsylvania (City or town) Penn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Wallowa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that A. Wenz (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Edward Coleman Signature
Wallowa Ore P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942

(SEAL) C. I. McDaniel Notary Public, residing at Wallowa Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-225-035-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Nezburse (b) City:
(c) Street Address or R.F.D. No.: Near West Lake, Idaho.
(d) Name of Hospital or Maternity Home: Not in Hospital or Maternity Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Nezburse.
(c) City: Near West Lake, Idaho.
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? Just 3 yrs.

3. RESIDENCE OF FATHER (city, state) West Lake, Idaho.

4. FULL NAME OF CHILD Emily Hannah Johnson

5. Date of Birth of Child (Month, day, year) March 25th, 1899.

6. Sex Female **7.** Twin or Triplet? Single. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Usual. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME ~~Henry~~ Halver O. Johnson.
11. Color or Race: White **12.** Age at time of THIS birth: 36 yrs.
13. Birthplace: Bergen, Norway. (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: None but Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Boyerson
17. Color or Race: White **18.** Age at time of THIS birth: 37 yrs.
19. Birthplace: Near Quebec City, Quebec, Canada. (City or town) (State or foreign country)
20. Exact Occupation: Farmer's wife.
21. Industry or Business: None but Farmer's wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None.

23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Saskatchewan
County of Canada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Mrs. Jackson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H O Johnson Signature
Glen Mary, Sask. Canada P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.
(SEAL) J R Graham Notary Public, residing at Kinistino, Saskatchewan Canada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mary H Geslin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-105-016-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347003
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 6 months/ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) OAKLEY Ida

4. FULL NAME OF CHILD Earl Lee

5. Date of Birth of Child (Month, day, year) Nov 5 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Orpus A. Lee
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Stockton Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy J DAYLEY
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace OAKLEY IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that ..... (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy J Lee — Signature
Oakley Idaho — P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL) C. G. Larson — Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Received for filing on MAY 29 1942 by Mabel Weeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-114-016-255

347021

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leo Ronald Karlson

5. Date of Birth of Child (Month, day, year) Jan. 14 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claus Herman Karlson
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Bergen (City or town) Sweden (State or foreign country)
14. Exact Occupation Mercantile
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henrietta Severe
17. Color or Race White
18. Age at time of THIS birth 46 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at Oakley M. on the date and at the place stated above, and that personal particulars were furnished by Ann (First name) Jackson (Last name), who is related to this child as sister (~~Mother~~, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that Mirilda McBride (First name) (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Karlson Jackson Signature
Parker Idaho P. O. Address

Subscribed and sworn to before me this 23 day of May 1942

(SEAL) Kathryn Cutler Deputy ~~Notary Public~~ Clerk of District Court, residing at T. ANTHONY.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mae Weldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-129-014-699 JUN 3 1942 347060

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Thomas Sheridan Powell

5. Date of Birth of Child (Month, day, year) Apr. 29, 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perry Newton Powell
11. Color or Race wh.
12. Age at time of THIS birth 37 yrs.
13. Birthplace Richmond, (City or town) Virginia (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business For Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Clarabelle Orr
17. Color or Race wh.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Little Rock, (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Dr. Isham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Powell Goodyear — Signature
Box 524, Caldwell, Ida. — P. O. Address

Subscribed and sworn to before me this 2ND day of MAY, 1942
(SEAL) C. C. Hamm Notary Public, residing at BOISE IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-228 281-249

347064

347064

United States Department of Commerce Bureau of the Census

JUN 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Eagle
(c) Street Address or R.F.D. No.: Boise Valley
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 11 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise Valley - 13 mi. West of Boise
(d) Street Address or R.F.D. No.: main highway
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) 7 yrs

4. FULL NAME OF CHILD Marjorie Edith Heffner

5. Date of Birth of Child (Month, day, year) July 28, 1899

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Heffner
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Brown Co., Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Hope Smith
17. Color or Race
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boise Valley, Ada Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Mrs. Amelia Heffner (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Hope Heffner Signature

Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942

(SEAL) Marion E. Ord Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mark H. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-212-037-036 JUN 4 1942 347079 **347079**

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City De Lamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City De Lamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Inez Maude Bachelor

5. Date of Birth of Child (Month, day, year) June 12-1899

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ola Marion Bachelor
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Jordan Valley (City or town) Oregon (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Bell Bloom ~~Bachelor~~
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Cove (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Bachelor Signature

P. O. Address

Subscribed and sworn to before me this 3 day of June, 1942

(SEAL) Herman [illegible] Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-230-028-152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34712
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Kootenai (b) City: Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Benewah
(c) City: St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD Anna Elizabeth Streit

5. Date of Birth of Child (Month, day, year) August 30, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Streit
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Canton Berne, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosina Aeschbacher
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Canton Berne, Switzerland (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 42 years, and that Adel (First name) Paulus (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. H. Cooper Signature
6624 S.E. Raymond St., Portland, Ore. P. O. Address

Subscribed and sworn to before me this 22 day of May, 1942
(SEAL) Nettie R. Bolland Notary Public, residing at Portland, Oregon
My Commission Expires Feb. 23, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Heller, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-124029-847

347123

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City POTLATCH
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 2 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City POTLATCH
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch Idaho

4. FULL NAME OF CHILD EDGAR ARNOLD DAILEY

5. Date of Birth of Child (Month, day, year) II 24 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM IRVIN DAILEY
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace West Finley Pa. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLE MIRANDA HUGHES
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace Valley Falls Kan. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by W. I. Dailey (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Mrs. Brinner (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Irvin Dailey Signature

3328 M. St. Vancouver Washington P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942

(SEAL) [signature] Notary Public, residing at Camas Washington

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 1 1942 by Mary Fletcher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-126-001-261

347142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD Frank Chesney Fowler

5. Date of Birth of Child (Month, day, year) Nov. 26, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Albert Fowler
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Swalley
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Star Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that O. W. Hall (First name) (Last name), who attended this birth Star Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Mary Ellen Swalley Fowler Signature

Oak Grove, Oregon Box 162 P. O. Address

Subscribed and sworn to before me this 28th day of May, 19 42.

(SEAL) Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES NOV. 17, 1943

Received for filing on JUN 1 1942 by Mae [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455-102-004-395

347178

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Fish Haven Idaho

4. FULL NAME OF CHILD Charles Maxwell Denio

5. Date of Birth of Child (Month, day, year) 2 Jan. 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Hugh Denio
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Wisconsin (City or town) Mr. S. A. (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Maria Linford
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Paris (City or town), Bear Lake Co. Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Dr John Culquire (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Maria Denio Signature
1210 Ingraham St. Los Angeles P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL) Notary Public, residing at 1301 N. 7th St. Lafayette
My Commission Expires May 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 1 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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533-109-01X-761

347232

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City DIXIE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IdAHO (b) County BLAINE
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier Idaho

4. FULL NAME OF CHILD MILTON DIXIE ELLSWORTH

5. Date of Birth of Child (Month, day, year) June 9 1899

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM PHILO ELLSWORTH
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace FRANKLIN (City or town) IdAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MATILDIA ANN GOASLIND
17. Color or Race WhiTe
18. Age at time of THIS birth 24 yrs.
19. Birthplace FRANKLIN (City or town) IdAHO (State or foreign country)
20. Exact Occupation HOUSWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Sanpete, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Milton Dixie Ellsworth (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Ann Ellsworth Signature
Manti, Utah P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 42.

(SEAL) E. H. Beal Notary Public, residing at Manti, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com exp Sept. 19, 42

Received for filing on JUN 1 1942, by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-129-001492

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347235
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Idaho

4. FULL NAME OF CHILD Harvey Byron Powers

5. Date of Birth of Child (Month, day, year) August 29, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wiley Merlin Powers
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Wyreka (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Disenroth
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, [redacted]) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Powers (First name) Family Meridian Idaho (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. W. Compton M.D. [redacted] Address Mountain Home Idaho Date May 14, 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of .....

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to be[redacted] day of ....., 19..
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as [redacted] Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 [redacted] by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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864-103-029-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347243
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.: None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Moscow
(d) Street Address or R.F.D. No.: None
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Larkin Cyrus Younce

5. Date of Birth of Child (Month, day, year) Apr 3 - 1899

6. Sex Male **7.** Twin or Triplet — If so, born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Forest Younce
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Wind Milton (City or town) Ohio (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business C. B. Holt

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Julia Kelley
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Lawrence (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Dr. H. H. Tatkins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Forest Younce Signature
1409 - 4th Avenue P. O. Address
Spokane, Wash.

Subscribed and sworn to before me this 29th day of May, 1942.
(SEAL) E. J. Gray Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Fleeson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-21-7-030-291

347391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. 208
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Ida.

4. FULL NAME OF CHILD Elma Bradley Jones

5. Date of Birth of Child (Month, day, year) June 17, 1899

6. Sex Female **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Joseph Jones
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Callaway County (City or town) Mo (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Market

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Bradley
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 a. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. Kennedy (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lottie Bishop ..... Signature
Challis Idaho ..... P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942.
(SEAL) E. Neelsmith ..... Notary Public, residing at Challis Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 26 1942 by Edna M. Kenney, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-126-009-343

347411

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347411
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Walter Deinhardt

5. Date of Birth of Child (Month, day, year) March 26-1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ernest F.Deinhardt
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Niederzimmern, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Luleich
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Niederzimmern, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mrs Henry Keizur (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kings Luleich Signature
Rt #4, Newport, P. O. Address

Subscribed and sworn to before me this 2 day of May, 1942.
(SEAL) [illegible] Notary Public, residing at Newport, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Maud Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-127-001-412

347427

United States Department of Commerce Bureau of the Census

JUN 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347427
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City South Boise
(c) Street Address or R.F.D. No. Boise Post Office
(d) Name of Hospital or Maternity Home: South Boise
(e) Mother's stay BEFORE delivery: IN THIS county years 30 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Boise Idaho (b) County Ada
(c) City South Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD George Masters Storey

5. Date of Birth of Child (Month, day, year) Dec. 28, 1899

6. Sex boy **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Dickens Storey
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Fairfield Illinois (City or town) (State or foreign country)
14. Exact Occupation Brick Mason
15. Industry or Business Boise Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Ellen Masters
17. Color or Race **18.** Age at time of THIS birth 30 yrs.
19. Birthplace South Boise (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business South Boise

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Mrs. Joplin Murphy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ellen Storey Signature
3508 Grant Van Couver, Wn. Boise Post Office P. O. Address

Subscribed and sworn to before me this 8 day of June 1942

(SEAL) W. Berry Notary Public, residing at Boise, Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Maurl E. Lefler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-212-001-559 JUN 9

347437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1½ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or ~~R.F.D. No.~~ 5th St
(e) How long has **MOTHER** lived in Idaho? 38 allow yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD IRENE DAVIS

5. Date of Birth of Child (Month, day, year) August 12, 1899.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CARL A. DAVIS
11. Color or Race white
12. Age at time of THIS birth 24 yrs. next b-day
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME INEZ CHASTINA HERBERT
17. Color or Race white
18. Age at time of THIS birth 21 yrs. next b-day
19. Birthplace Biggs, Butte Co. Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 + 7 mo years of age, that I have known this person for 42½ years, and that Dr. (First name) Bowers (Last name), who attended this birth is now deceased (?) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez Chastina Herbert Davis Signature
508 W. 60th St., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 2 day of June, 1942.

(SEAL) My Commission Expires Feb. 8, 1945 Alta Mae Jones Notary Public, residing at 6017 S. Figueroa L.A. Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942, by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-229-001-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347462
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1115 STATE ST.
(d) Name of Hospital or Maternity Home: DELIVERY AT HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 5 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1115 STATE ST.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, IDAHO

4. FULL NAME OF CHILD EDITH MARJORIE BEAL

5. Date of Birth of Child (Month, day, year) AUGUST 29, 1899

6. Sex FEMALE

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME LAWRENCE MELVILLE BEAL
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace HENDERSON COUNTY, ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business FALK MERCANTILE COMPANY

MOTHER OF CHILD

16. FULL MAIDEN NAME BERTHA M. STRATHDEE
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace PORT STANLEY, ONTARIO, CANADA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 43 years, and that Dr. L. C. (First name) BOWERS (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha M. Beal ..... Signature
5650 Hub Street, Los Angeles, Calif. ..... P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942
(SEAL) Marie Standley ..... Notary Public, residing at Los Angeles Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by Mabel Hesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

468-119-018-432

347485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clear Water (b) City Orfino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clear Water
(c) City Orfino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Orfino, Idaho

4. FULL NAME OF CHILD Merton Dwyer

5. Date of Birth of Child (Month, day, year) 9-19-1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jack Marine Dwyer
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pittsburgh, (City or town) Pennyslvania (State or foreign country)
14. Exact Occupation gambling
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle McKee
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Walla Walla, (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since birth years, and that Dr. (First name) Miller (Last name), who attended this birth wherereabouts unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Myrtle McKee Dewey Signature
3405 - 36 Fairview Seattle, Wa. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42.
(SEAL) Kathryn C. Nelson Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-226-030-559

347583

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Banister
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Banister
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ellen Denny

5. Date of Birth of Child (Month, day, year) Aug. 26-1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Guy Denny
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace DuQuin (City or town) Ill. (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Vezina
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Baraga (City or town) or Mich (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all life years, and that Mrs Dishno (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Guy Denny — Signature
Craigmont Idaho — P. O. Address

Subscribed and sworn to before me this 4 day of June, 1942
(SEAL) Eugene Lanpin — Notary Public, residing at Craigmont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mary E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-119-003-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347660
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 542 No. Garfield Ave
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 542 No Garfield
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Colvin Pierce

5. Date of Birth of Child (Month, day, year) Nov. 19, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME A.J. Pierce
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Colvin
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ~~43~~ 42 years, and that -- (First name) -- (Last name), who attended this birth -- (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Leslie Smith Signature
716 S. Berendo, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42
(SEAL) Harriett R. Barker Notary Public, residing at Los Angeles, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-120-018-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347661
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Orofino Idaho

4. FULL NAME OF CHILD Paul Guilland

5. Date of Birth of Child (Month, day, year) May 20, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David H. Guilland
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace The Dalles (City or town) Oregon (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Belle Henderson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lacey Township (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 30 years, and that C.S. Moody (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie B. Guilland — Signature
R. 5, Yakima Wash. — P. O. Address

Subscribed and sworn to before me this 5 day of June, 1942

(SEAL) Marion Woodcock — Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-02-036-415

347703

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Pleasantview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Pleasantview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Martin Davis

5. Date of Birth of Child (Month, day, year) Nov. 22, 1899

6. Sex m

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel W. Davis
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Pittsburg Pa. (City or town) (State or foreign country)
14. Exact Occupation Farmerdy
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Davis
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of ONEIDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that MARY ANN REESE (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Davis Thomas Signature
MALAD, IDAHO P. O. Address

Subscribed and sworn to before me this 8 day of JUNE, 1942

(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 11 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-010-025-244

347735

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347735
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville,
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Luddie Myretta Cosand

5. Date of Birth of Child (Month, day, year) June 10, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert S Cosand
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Des Moines, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Vesta Sumpter
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Linn County, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Mrs Sy Howard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena V Farmer — Signature
424 W Mansfield, Spokane, Washington — P.O. Address

Subscribed and sworn to before me this 6th day of June, 1942.
(SEAL) Lorraine D. Peterson, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Maurel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-216-025-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347810
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Grace Muriel Crea

5. Date of Birth of Child (Month, day, year) Aug. 16, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas D. Crea
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Centerville (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Ann Kindall
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Unknown (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 42 years, and that Allen, Isabell, Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ena C. Wiedes Signature
415 S. B. Street, Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942.
(SEAL) Hampton Taylor Notary Public, residing at Grangeville, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-111-019-458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347852
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Chalice
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3½ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Chalice
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Chalice, Idaho

4. FULL NAME OF CHILD Peter John Gallagher

5. Date of Birth of Child (Month, day, year) Sept. 11 - 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James John Gallagher
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kans (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Jane Meybrunn
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oberlin (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Sedgwick } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 42 years, and that Laura Miller (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nancy Jane Gallagher Signature
Hallowell, Kansas P. O. Address

Subscribed and sworn to before me this 26 day of May, 19 42
(SEAL) Asbury Menchac, Notary Public, residing at Wichita, Kans
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mina Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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514 215035 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348009
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cavendish
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 18 years 4 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cavendish
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Frances Clair Vaughan

5. Date of Birth of Child (Month, day, year) Mar. 15, 1899

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Vaughan
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace State of Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Samantha Welker
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace State of Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Elizabeth Welker (First name) (Last name), who attended this birth Died. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samantha Welker Vaughan Signature
1227 - 2d - St. Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942
(SEAL) John R. Phillips Notary Public, residing at Lewiston Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 12 1942 by John R. Phillips, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 208008-193 JUN 19 1942 348190

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348190
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Sweet
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD Mabel Mae Monroe

5. Date of Birth of Child (Month, day, year) May 8, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Marion Monroe
11. Color or Race: White
12. Age at time of THIS birth: 45 yrs.
13. Birthplace: Keosauqua (City or town) Iowa (State or foreign country)
14. Exact Occupation: Blacksmith
15. Industry or Business: Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Salome Wittel
17. Color or Race: white
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: Bucyrus, (City or town) Ohio (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 43 years, and that Mrs. Dill (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira B. Monroe — Signature
Boise, Idaho RD 2 — P. O. Address

Subscribed and sworn to before me this 19th day of June, 1942.
(SEAL) Ruth Yenson — Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mary F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-215 008 745 JUN 2 ^ 348212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Horseshoe Bend.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Paternal Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Horseshoe Bend, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Horseshoe Bend

4. FULL NAME OF CHILD Martha Elizabeth Gunderson.

5. Date of Birth of Child (Month, day, year) Mar-15,1899

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mos.

9. Legitimate? yes-

FATHER OF CHILD

10. **FULL NAME** Kolbin Gunderson.
11. Color or Race: White.
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Bergen (City or town) Norway. (State or foreign country)
14. Exact Occupation: Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mrs. Margaret Gunderson
17. Color or Race: White
18. Age at time of THIS birth: 19 yrs.
19. Birthplace: Dwight (City or town) Illinois. (State or foreign country)
20. Exact Occupation: House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 7:30 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Gunderson. (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Martin Olsen M.D. Midwife Address Horseshoe Bend, Ida Date June 1st. 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City ATHOL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City ATHOL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) ATHOL, IDAHO

4. FULL NAME OF CHILD HARVEY THEODORE COLLINGS

5. Date of Birth of Child (Month, day, year) DEC. 14-1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES HARVEY COLLINGS
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace PARKE COUNTY (City or town) INDIANA (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May Sigler
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace GRANBY (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OKLAHOMA
County of TULSA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that DR. (First name) LEMBERG (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Sigler Signature
3904 S. 33rd W. Ave Tulsa, Okla. P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942.

(SEAL) Agnes Goodlife Notary Public, residing at Tulsa, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires: 11-7-42

Received for filing on JUN 16 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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H.T. COLLINGS
704 SO SAYBROOK AVE
LOS ANGELES
CALIF

993-128003 253

348334

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5-7 yrs.
(f) Mother's mailing address Twin falls

3. RESIDENCE of FATHER (city, state) IDAHO.

4. FULL NAME OF CHILD Wallace Richardson

5. Date of Birth (Month, day, year) Dec 28 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rill Richardson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Utah State (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Nancy Bellinger
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Modock Calif (City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 16 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of TWIN FALLS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Gilman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wallace Richardson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Do not remember (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Gilman Signature
317 Blue Lakes Blvd. Twin Falls Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of June, 1942

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City HARRISON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City HARRISON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD IRMA-AMELIA-LAUMEISTER

5. Date of Birth of Child (Month, day, year) SEPT 9-1899

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME HERMAN A. LAUMEISTER
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace STOCKTON (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation FILER—MILL
15. Industry or Business SHINGLE MILL

MOTHER OF CHILD

16. FULL MAIDEN NAME CARRIE DOTY
17. Color or Race WHITE **18.** Age at time of THIS birth 21 yrs.
19. Birthplace OCEANIC (City or town) COUNTY MICH. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of KOOTENAI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 42 years, and that DOCTOR SMALLHAUSEN (First name) Laumeister (Last name), who attended this birth Irma Amelia Laumeister (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman A. Laumeister Signature
COEUR D ALENE, IDAHO P. O. Address

Subscribed and sworn to before me this 13th day of June, 19 42.
(SEAL) Duely Notary Public, residing at Coeur d Alene Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Burton Howard Brickell

5. Date of Birth of Child (Month, day, year) Sept 16 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Burton Charles Brickell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Niles (City or town) Michigan (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Viola Staples
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Anoka (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of WHATCOM } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that ✓ (First name) Matchette (Last name) who attended this birth IS NOW DECEASED (Is now deceased) ~~or (Cannot be identified)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice Viola Brickell Signature
2921 Sunset Drive P. O. Address

Subscribed and sworn to before me this 12 day of June 1943

(SEAL) Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Maud Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348566
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Lake Creek
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born on Homestead
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lake Creek
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Lake Creek Ida.

4. FULL NAME OF CHILD Margarite Miller

5. Date of Birth of Child (Month, day, year) Sept 8, 1899

6. Sex Girl 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 1 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Frederick Miller
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Stuttgard (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosine Kohlhomer
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Gelsingkirchen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 years, and that Midwife (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosine Miller ..... Signature
Mullan Idaho ..... P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942
(SEAL) ..... Notary Public, residing Mullan Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-219-028-314

348581

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Evelyn Terressa Mulcahy

5. Date of Birth of Child (Month, day, year) 8/19/1929

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Mulcahy
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Bancroft (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Miner

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Blanche Lamb
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Desmoine Iowa (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Saluratus

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Evelyn Terressa Mulcahy (First name) Philyna (Last name) who attended this birth Now Deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Blanche Schion Signature
2719 Spokane Wash. P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 42

(SEAL) Ben D. Crighton Notary Public, residing at Spokane Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

641-130-020-831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348621
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Elmore (b) City: Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Elmore
(c) City: Glenns Ferry, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) 13

4. FULL NAME OF CHILD Howard Francis O'Malia

5. Date of Birth of Child (Month, day, year) Jan. 30, 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John O'Malia
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) Co. Galway, Ireland (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Theresa Flaherty
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Dr. Baugh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie T. O'Malia
Signature

Glenns Ferry, Idaho.
P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942

(SEAL) C. A. Baker
Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-209 040-955

349614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Fraser, Idaho

4. FULL NAME OF CHILD Florence Millicent Judd

5. Date of Birth of Child (Month, day, year) Mar. 9, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Hawkins Judd
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Freeport, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer (Also postmaster Fraser, Idaho)
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claudia Gertrude Reed
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Central City, (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Claudia Judd (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43 years, and that Mrs. John Stuart (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawrence Judd Signature

Grear, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 19 42

(SEAL) [illegible] Notary Public residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-114 003-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Gray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Gray, Idaho

4. FULL NAME OF CHILD Leland Sullivan Dewey

5. Date of Birth of Child (Month, day, year) Nov. 14. 1899.

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Dewey
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Sheepman-Rancher
15. Industry or Business Hotel Keeper.

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Amelia Sullivan
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know

23. Number of children of this mother: (a) At time of birth and including this child DNK (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 42 years, and that Elizabeth Knowles (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Sullivan Merriam Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this ..... day of Jun 16 1942, 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-107 035-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349637
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cavendish
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cavendish
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jesse David Daniels

5. Date of Birth of Child (Month, day, year) Apr. 7 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David H. Daniels
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Beverly (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha E. Stalnaker
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Beverly, (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha E. Daniels (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature X Anna N. Johnson ~~M.D.~~ Midwife Address Cerofino Ida Date June 16

State of Washington
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 43 years, and that Doster Fugett (First name) Daniels (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X ..... Signature
Vancouver, Wash. ..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-122 003-335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City .....
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Hawan
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Hawan Idaho

4. FULL NAME OF CHILD John Clemens Sharp

5. Date of Birth of Child (Month, day, year) July 22, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Martin Sharp
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Richmond (City or town) Utah territory (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Clemens
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Gentile Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Mrs Jane Boldwinkle (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Sharp Graham ..... Signature
Soda Springs Idaho ..... P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1942

(SEAL) S. Sanchez ..... Notary Public, residing at Soda Springs, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Hilda E. Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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981-12028-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349901
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. 619 Sherman St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county ap. 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 619 Sherman St.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d' Alene Ida

4. FULL NAME OF CHILD William McKinley Ryan

5. Date of Birth of Child (Month, day, year) Sept. 12, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ryan
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Cumberland (City or town) Maryland (State or foreign country)
14. Exact Occupation Mineral Land Commissioner
15. Industry or Business Employed by Federal Govt.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Violet Parker
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Albany (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know--if any
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Dr. (First name) Sabin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V. Shoup — Signature
1401 Twelfth Ave., Seattle, Wash. — P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942.
(SEAL) Frank E. Dutton — Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 349979
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 23 years 1 month 15 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Garfield Wash.

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Edna Mae Horton

5. Date of Birth (Month, day, year) Sept. 26-1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Henry Horton
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Wayne Co. (City or town) Tennessee (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jameson
17. Color or Race white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Searcy Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child nine (b) Born alive and now living seven (c) Born alive and now dead two (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 23 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Sarah Horton M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Horton, being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Sarah Burton (Name of attendant at birth), who attended said birth deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Horton Signature
P. O. Address

Subscribed and sworn to before me on this 9 day of April 1941

(SEAL) E. Johnson Notary Public, residing at Garfield

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350057
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho.

4. FULL NAME OF CHILD Thomas Sylvester Lauridsen

5. Date of Birth of Child (Month, day, year) 6/12, 1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Lauridsen
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Darum, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Catherine Jensen
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Bloomington, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used as I remember.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for all his wife's, and that Annie Hillier (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Lauridsen Signature
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942.
(SEAL) Chas E Harris Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mary E Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 603 Sherman
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 3 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 603 Sherman
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene

4. FULL NAME OF CHILD Judith Elvira McFarland

5. Date of Birth of Child (Month, day, year) Dec. 24, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William B. McFarland
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Independence (City or town) Missouri (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Jane Cheatham
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Gilliam, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that John Sabin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy M. McFarland Signature
Emmiclaw Wash. P.O. Address

Subscribed and sworn to before me this 26 day of June, 1942
(SEAL) S. B. Fahrombise Notary Public, residing at Emmiclaw
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 15th Ave No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 15th Ave No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Blanche Ida Andre

5. Date of Birth of Child (Month, day, year) 2-17-1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Charles Andre
11. Color or Race Negro **12.** Age at time of THIS birth 34 yrs.
13. Birthplace St Genevieve Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer & Janitor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Dodge
17. Color or Race Negro **18.** Age at time of THIS birth 34 yrs.
19. Birthplace St Genevieve Mo. (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag Nit

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Amanda Andre (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J H Murray **M.D.** ~~Midwife~~ Address Nampa Ida Date June 10 1942

State of ..... } County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 13 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Matthew Lawrence Bogovich

5. Date of Birth of Child (Month, day, year) April 21-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Bogovich
11. Color or Race White **12.** Age at time of THIS birth 55 yrs.
13. Birthplace Malinhaa, Yugo Slavia (City or town) (State or foreign country)
14. Exact Occupation Real Estate business
15. Industry or Business Rentals

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Johnson
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Stockholm Sweden (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hilda Bogovich (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Julia Shuck ~~M.D.~~ Midwife Address Osborne, Idaho Date 6/27/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls.
No. ____ St.
Born at Home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 350190
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Harold Laverne Oakland

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 23, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: August Oakland	18. Full maiden name: Grace Barry Oakland
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race: white | 12. Age at last birthday ____ (years)	20. Color or race: white | 21. Age at last birthday ____ (years)
13. Birthplace (city or place) (State or Country): Sweden	22. Birthplace (city or place) (State or Country): Sweden
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: woodsman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: woods.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own Home
16. Date (month and year) last engaged in this work: Aug 1907	25. Date (month and year) last engaged in this work: Aug 1936
17. Total time (years) spent in this work: 30 yrs	26. Total time (years) spent in this work: 50 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Seven
(a) Born alive and now living 7 (b) Born alive but now dead None (c) Stillborn none

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____

Mrs Effie E Anderson (Date of) (Sister) Registrar.

Filed June, 1942 Mabel Heller Registrar.

DELAYED

612-123028 612

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Effie E. Anderson being first duly sworn says that she is the Sister (Relationship of child)* of Harold Laverne Oakland born September 23, 1899 (Date of birth) at Post Falls, Idaho, whose certificate of birth is hereto attached, and that Harold Laverne Oakland desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Laverne Oakland. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Wipple, ~~M. D.~~ was the Midwife medical attendant at the birth of said Harold Laverne Oakland and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Harold Laverne Oakland.
P. O. Address 607 W. Gordon Ave. Spokane, Wn

Subscribed and sworn to before me this 23d day of June, 19 42

A. E. Shaw
Notary Public.
Residing at Spokane, Wash., ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

319-226019 331

United States
Department of Commerce
Bureau of the Census

JUN 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350206
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Burton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 2 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Burton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Burton Ida

4. FULL NAME OF CHILD Vivian Larter

5. Date of Birth of Child (Month, day, year) Aug. 26 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude Melonette Larter
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Moroni (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Cordelia Clark
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Mrs Florence Mae Wife (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude Melonette Larter Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 1942.
(SEAL) M. Wilcox Notary Public, residing at Mackay, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Aug. 1, 1945

Received for filing on JUN 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-210 006 348

350264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Mildred Minna Steven

5. Date of Birth of Child (Month, day, year) Oct. 10, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Steven
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Letham (City or town) Scotland (State or foreign country)
14. Exact Occupation Stock Buyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Culloten
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Kilkenny (City or town) Ireland (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, still born) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 41 years, and that Doctor H. Wolcott (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. A. Steven Signature
122-San 57 P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942

(SEAL) Leo Swartzbaugh Notary Public, residing at 832 E Gurney Blvd. Burbank Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires January 12, 1946

Received for filing on JUN 29 1942 by M. H. Whitlock, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 101 025 995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville,

4. FULL NAME OF CHILD Jacob William Briscoe

5. Date of Birth of Child (Month, day, year) Aug. 1st, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Burgin Briscoe
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Bentonville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Riebold
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Nevada City, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that S. E. Bibby M. D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Burgin Briscoe Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 42

(SEAL) Nancy Belcher County Recorder ~~Notary Public~~ residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Nancy Belcher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-219 038-128

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350317
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mae Gardner ~~Kenkuck~~

5. Date of Birth of Child (Month, day, year) May 19, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles William Gardner
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Painting
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Ashton
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Dr. Skippen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Gardner Signature
Inkom, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) ..... Notary Public, residing at Inkom Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-223031 562

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 0 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD HAZEL IONE MALMOE

5. Date of Birth of Child (Month, day, year) June 23, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Martin Baal Malmoe
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Unknown (City or town) Noway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Bell Nobles
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Point Arena (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant **does not sign** in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Mrs. Mary Brady Nobles (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy B Malmoe — Signature
1823 West Dean Ave., Spokane, Wash. — P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942.

(SEAL) Louise D. Peterson — Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

93-10790-864

350326

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Poplar
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Poplar
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 16 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lott Bond Archer

5. Date of Birth of Child (Month, day, year) Sept 7, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Bond Archer Jr.
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Benson (City or town) Oxfordshire (State or foreign country) England
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Ann Young
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Fairfield (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the 1/2 Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Unknown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Brigham Lucius Bush Signature
Ririe, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of June, 1942
(SEAL) Anna P. Meeen Notary Public, residing at Ririe Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-229-031-291

350415

350415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350415
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAZEL MABEL LAUGHLIN

5. Date of Birth of Child (Month, day, year) 11-29-1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME STEWART CRAWFORD LAUGHLIN
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME SARIE BELL BRAMAN
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that Sarah (First name) Braman (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel G Wilson Signature
421 E. Louise St Long Beach Calif. P.O. Address

Subscribed and sworn to before me this 1 day of July, 1942

(SEAL) Edward A. Bryant Notary Public, residing at Long Beach Calif.
Expires July 25, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mark H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-208008-994

350425

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350425
Local Reg. No.
Reg. Dist. No.

JUL 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Horse Shoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horse Shoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Etta Francis Clarkson [redacted]

5. Date of Birth of Child (Month, day, year) 5-8-1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Wylie Clarkson
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Greenton, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Auguste Zimmer
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Dwight (City or town) Ill. (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Mary Wylie Clarkson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank W. Clarkson Signature
Horse Shoe Bend, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 42
(SEAL) Manard A. Clarke Notary Public, residing at Horseshoe Bend
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires March 21, 1946

Received for filing on JUL 9 1942 by Mavel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455-109006-266

350450

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Erwin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Erwin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Erwin, Idaho

4. FULL NAME OF CHILD David Allen Meeds

5. Date of Birth of Child (Month, day, year) March 9, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wayne Andrew Meeds
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Elizebeth Bowers
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Flathead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 43 years, and that Mary Caldwell Ondrovic (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Singleton Signature
Kalispell Mont P. O. Address

Subscribed and sworn to before me this 10th day of June, 1943
(SEAL) G H Grant Notary Public, residing at Kalispell Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 3 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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796 216 014 455

350457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1109 Cleveland
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1109 Cleveland
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rosalie Groves

5. Date of Birth of Child (Month, day, year) Feb.16,1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Perry Albert Groves
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Atlanta (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Catherine Dennerline
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Atlanta, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that --- (First name) none (Last name), who attended this birth --- (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Catherine Groves Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of June, 19 42

(SEAL) Kathryn H. Pentlow Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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593 202028-763

350461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Porthill
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Porthill
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Porthill, Idaho

4. FULL NAME OF CHILD Mae Erlwein ~~Bellevue~~

5. Date of Birth of Child (Month, day, year) Oct. 2nd 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis W. Erlwein
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace La Crosse, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Butcher

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Polzin
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace LaCrosse, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mrs. C. A. Lafferty (First name), neighbor (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Erlwein ..... Signature

Route 9, Box 414A, Seattle, Washington ..... P. O. Address

Subscribed and sworn to before me this 22nd day of June, 19 42.

(SEAL) John Nally ..... Notary Public, residing at Bonners Ferry, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 2 1942 by Mabel Nielson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-207001-819

350528

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Cecil Elva Badley

5. Date of Birth of Child (Month, day, year) Oct. 7 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Arthur Robert Badley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Crescent City (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Ethel Harris
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Gatesville (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Used

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Doctor Compton (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina Belle Ethel Badley Signature
2156 105 St. P. O. Address

Subscribed and sworn to before me this 1 day of July, 1942
(SEAL) Edna F. Wild Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary E. Tilfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 117007 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350538
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery: IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~60~~ 17 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier

4. FULL NAME OF CHILD Robert Phillip Wardrop

5. Date of Birth of Child (Month, day, year) Sept 17, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Owen Wardrop
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Adelaide Ballard
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Soldier (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Camas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Perrelia Ballard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John O Wardrop Signature
Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942
(SEAL) John T Edwards Notary Public, residing at Fairfield, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mark Hutchison, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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653-114036 155

350552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Lyman Wells

5. Date of Birth of Child (Month, day, year) Oct 14 1899

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Newton Sawyer Wells
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Rose Jenkins
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Famkly (First name) record (Last name) who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for all life years, and that Ellsa Morgan (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elizabeth J Bonworth Signature

P. O. Address

Subscribed and sworn to before me this day of July 1942

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

684 11 1 001 633

350628

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1105 No. 8th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1105 No. 8th
(e) How long has **MOTHER** lived in Idaho? 75 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Thornton Dix Wyman

5. Date of Birth of Child (Month, day, year) January 11, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry C. Wyman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Richter Otto
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Centerville, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 75 years of age, that I have known this person for 43 years, and that Dr. (First name) Bowers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Richter Otto Wyman
Signature

1409 Harrison Blvd., Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 31 day of July, 19 42

(SEAL) Frank Martin
Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 224 032861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350676
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City HAGERMAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN-AT-HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county 32 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City HAGERMAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman

4. FULL NAME OF CHILD IZMA GRIDLEY

5. Date of Birth of Child (Month, day, year) APRIL 24-1899

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME WALTER GRIDLEY
11. Color or Race WHITE **12.** Age at time of THIS birth 22 yrs.
13. Birthplace GRIDLEY (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation FARMER AND STOCKMAN
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNIE-HOAGLAND
17. Color or Race WHITE **18.** Age at time of THIS birth 21 yrs.
19. Birthplace PROMOTORY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of GOODING } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that SARAH HOAGLAND (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Gridley Signature
HAGERMAN, IDAHO P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1942
(SEAL) [illegible] Notary Public, residing at Hagerman, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, I[illegible] Code Annotated.)

Received for filing on JUL 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 103-004842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Wilford William Bauman

5. Date of Birth of Child (Month, day, year) 3 July 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Bauman
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Mulflingen (City or town) Zurich (State or foreign country) Switzerland
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosetta Hubschmid
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Hasle (City or town) Bern (State or foreign country) Switzerland
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of UTAH
County of CACHE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that X (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Henry Bauman Signature
X 345 North 1st East Logan, Utah P. O. Address

Subscribed and sworn to before me this 6 day of July, 1942
(SEAL) O. L. Crockett Notary Public, residing at Logan, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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691-102-037-366

350707

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Oreana
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Oreana, Idaho

4. FULL NAME OF CHILD John Francis Fraser

5. Date of Birth of Child (Month, day, year) April 2, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Angus Fraser
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace New Glasco, N. S. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Cooley
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Dickinson County, Kansas (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business School Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Dickinson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that (Unknown) (First name) (Unknown) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

DOROTHY TEETERS, NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 9, 1944

Howard K. Cooley Signature
Abilene, Kans. P. O. Address

Subscribed and sworn to before me this 3 day of July, 1942.

(SEAL) Dorothy Teeters Notary Public, residing at Abilene, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by Nolan Kohler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-109-028-355

350753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No. Mica Bay, C.d'A. Lake
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene Lake
(d) Street Address or R.F.D. No. Mica Bay
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lawrence Paul Lyon

5. Date of Birth of Child (Month, day, year) June 9th, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Herbert Lyon
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Greenwich (City or town) Conn. (State or foreign country)
14. Exact Occupation Navigation Owner &
15. Industry or Business Captain of Steam Boats

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Rebecca Leet
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Waynesburg (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mrs (First name) Vary T (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hubert Lyon Rose
Signature
P.O. Box 180 Sunset Beach
P. O. Address

Subscribed and sworn to before me this 7th day of July, 1942.

(SEAL) Julius Parker
Notary Public, residing at Los Angeles, Calif.
Commission Expires December 12, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1942 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

629-224-004-294

350929

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bearlake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bearlake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Frederica Obrey

5. Date of Birth of Child (Month, day, year) Aug 24, 1899

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Obrey
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Railroad worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Bruce
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Centerville Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Mary (First name) Hillyer (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Obrey Signature
Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942
(SEAL) Hope L. Case Notary Public, residing at Long Beach, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mark H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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523-21-028-254

351006

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTNIA (b) City HARRISON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTNIA
(c) City HARRISON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GRACE EDNA ESLINGER

5. Date of Birth of Child (Month, day, year) 11-17-1899

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM C. ESLINGER
11. Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Sato (City or town) Wash (State or foreign country)
14. Exact Occupation millworker
15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA KNUTSEN
17. Color or Race WHITE **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Arcadia Wis. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for entire lifetime years, and that Ed Busby (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Tillie Remlinger
P. O. Address R1 Box Kirkland Wash

Subscribed and sworn to before me this 7 day of July, 1942
(SEAL) Bertha M. Hackle Notary Public, residing at Kirkland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 13 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

597-131-059-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351105
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Linden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Linden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Linden, Idaho

4. FULL NAME OF CHILD Roy Aaron Nigh

5. Date of Birth of Child (Month, day, year) October 31, 1899

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos Nigh (deceased) 1937
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Flora (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Lane
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Bonneville (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Gray Harbor } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Dr. (First name) Waite (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah, Signature
McCleary Wash P. O. Address

Subscribed and sworn to before me this 10 day of July, 1942
(SEAL) E. C. Teagle Notary Public, residing at McCleary
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mabel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

944-218-003-493

JUL 3 1942

351137

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 52
new Reg. Dist. No. 52

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. (new number)
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address (For registration notice):
Edna Ruud Thompson, Gilroy, California
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, town) Soda Springs

4. **FULL NAME OF CHILD** Edna Ruud

5. **DATE OF BIRTH** (Month, day, year) 9/18/99

6. Sex fe

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate YES

FATHER OF CHILD

10. **FULL NAME** Bert Anderson Ruud

11. Color or Race W

12. Age at time of THIS birth 39 yrs.

13. Birthplace Sande Jarlsberg, Norway
(City or Town) (State or foreign country)

14. Exact Occupation cobbler

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Mickelsen

17. Color or Race W

18. Age at time of THIS birth 34 yrs.

19. Birthplace Logan, Utah
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2P M. on the date and at the place stated above, and that personal particulars were furnished by Emma Mickelsen (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 4-15-42 (Date received) (b) Dr Russell Tyler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis R. Ackley M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 7/14/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 19 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

465-218-002-819

351165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thelma Ann Moe

5. Date of Birth of Child (Month, day, year) Jan. 18, 1899

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Moe
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ~~K~~ Kate Harper
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Moe (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Alma L M Whartez M.D. Midwife Address 510 N. Summer St Salem Ore Date July 15

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 15 1942 by Mark Fe Lyle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-115-225-755

351168

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. _____
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Idaho
(b) City or town Kooskia (Rural) (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At Home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community 22 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Idaho
(c) City or town Kooskia (Rural) (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child Aaron Hugh Miles
4. Date of birth 6 - 15 - 1899 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? Yes

FATHER OF CHILD
9. Full name James Miles
10. Color or race Indian 11. Age at time of this birth 21 yrs.
12. Birthplace Nez Perce County (City, town, or county) Idaho (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Mary Penney
16. Color or race Indian 17. Age at time of this birth 22 yrs.
18. Birthplace Idaho County (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Housewife
20. Industry or business _____

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Mother's mailing address for registration notice: _____

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 3:00P m. on the date above stated and that the information given was furnished by Mary (Penny) Spencer, related to this child as Mother

24. Date received by local registrar JUL 7 1942
25. Registrar's own signature Mary [illegible]
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature Mary P. Spencer
M.D., Midwife, or Other Mother Date signed 7-6-42
Address _____

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a true and correct transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by the mother of the applicant. Certified this 7th day of July, 1942.

A. G. Wilson

A. G. Wilson, Superintendent

JUL 17 194

DELAYED

155-201-006-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351222
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Viola Jennings

5. Date of Birth of Child (Month, day, year) Sept. 1, 1899

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Jennings
11. Color or Race White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Lima (City or town) Ohio (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business -----

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Catherine Geary
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Missouri
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Sarah (First name) Denning (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza C. Jennings Signature

4120 E. 51st Street Terrace, Kansas City, Mo. P. O. Address

Subscribed and sworn to before me this 14 day of July, 1942

My Commission Expires ..... 15, 194.. (SEAL) Dorothy D. Manse Notary Public, residing at Kansas City, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel Feeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 963-203-001-464

351237

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 18 years 3 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Elva Potter

5. Date of Birth of Child (Month, day, year) 6/3/99

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Potter
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Coffieville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bell Douglas
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Smithville, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that O.W. Hall (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bell Douglas Potter
Signature

New Plymouth, Idaho
P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 42.

(SEAL) A. Green
Notary Public, residing at New Plymouth, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 16 1942 by Mabel Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212108035-69

352338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Peck-Idaho

4. FULL NAME OF CHILD Vernon Bashor

5. Date of Birth of Child (Month, day, year) Sept. 8, 1899.

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Bashor
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Grocery business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Waide
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Covington (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. Taylor (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John F Waide Signature

Kendrick, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942

(SEAL) Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-122029-275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352371
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Farm
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 60 years months 8 days 1

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry Francis Farmer (Step father name MacLamy)

5. Date of Birth of Child (Month, day, year) July 22 1899

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Francis Joseph Farmer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Do not Know. (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Isabelle Kinnier
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Genesee (City or town) Idaho (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business Auto Camp.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Katie (First name) Keane (Last name), who is related to this child as (Mother, etc.) Aunt.

25. Attendant's **OWN** signature Dead M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that Katie (First name) Keane (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Isabelle MacLamy Signature
Myrtle Point, Oregon P. O. Address

Subscribed and sworn to before me this 18 day of July, 1942
(SEAL) Anna Turman Notary Public, residing at Myrtle Point, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated) my com. exp. Feb 6-46.

Received for filing on JUL 20 1942 by Mabel Fletcher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD BEN WALLACE SOPER

5. Date of Birth of Child (Month, day, year) April, 19, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Nathan S. Soper,
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Brockville, (City or town) Ontario, Canada (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Sawyer,
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace La Crescent, (City or town) Minn. (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Province of Saskatchewan
County of Assiniboia of Canada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that I cannot remember name of Doctor (First name) (Last name) who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Soper Burton — Signature
Neville, Sask., Canada — P. O. Address

Subscribed and sworn to before me this 17th day of July, 19 42
(SEAL) James F. Kennelly — Notary Public, residing at North Current Saskatchewan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 24 1942 by Mabel Helsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352503
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida

4. FULL NAME OF CHILD La Dessa Hall

5. Date of Birth of Child (Month, day, year) July 29, 1899

6. Sex female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd. 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Hall
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Buena Vista, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Miller
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Rinard, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr. C. E. Worthington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Hall Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942

(SEAL) M. K. Armour Notary Public, residing at Moscow Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Georgetown, Ida

4. FULL NAME OF CHILD Hattie Irene Barkdull

5. Date of Birth of Child (Month, day, year) March 24, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Michael Barkdull
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Girilda Black
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Drug used but name not known

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mary Black (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Girilda Barkdull Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of July, 19 42.

(SEAL) Chas Edmunds Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352522
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County PAYETTE (b) City PAYETTE.
(c) Street Address or R.F.D. No. 1#
(d) Name of Hospital or Maternity Home: AT HOME.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County PAYETTE.
(c) City PAYETTE.
(d) Street Address or R.F.D. No. 1#
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) PAYETTE. Idh.

4. FULL NAME OF CHILD Ruby LENORE BRODERSEN.

5. Date of Birth of Child (Month, day, year) APRIL 17. 1942

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** CLAUS FRIEDRICH BRODERSEN.
11. Color or Race WHITE. 12. Age at time of THIS birth 29 yrs.
13. Birthplace FLENSBURG. GERMANY. (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES LOUISE CREUTZ.
17. Color or Race WHITE 18. Age at time of THIS birth 26 yrs.
19. Birthplace ROSEL GERMANY (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE. (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Belle Sure (First name) (Last name), who is related to this child as Midwife (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Belle Sure M.D. Midwife Address Payette Ida Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352599
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) 7 yrs

4. FULL NAME OF CHILD George Randolph Sloan

5. Date of Birth of Child (Month, day, year) June 12 - 1899

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Randolph Sloan
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace St Cloud (City or town) Minnesota (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Bertha Jonas
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Collegeville (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wyoming
County of Bleaker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Mrs Kitty Myer (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sophia Sloan Signature
Wallowa Wyo P. O. Address

Subscribed and sworn to before me this 20th day of July, 19 42

(SEAL) Notary Public, residing at Bleaker County Wyoming

Clerk of District Court, Bleaker County Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mark H. Leslie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) 36 yrs

4. FULL NAME OF CHILD Lulu Ethel Hafer

5. Date of Birth of Child (Month, day, year) Nov. 7-1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Jacob Hafer
11. Color or Race wht
12. Age at time of THIS birth 54 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer & Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Louise Lynd
17. Color or Race wht
18. Age at time of THIS birth 40 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Ferry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that Lulu Wolheater (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry H. Hafer, Signature

Republic Wash P. O. Address

Subscribed and sworn to before me this 17 day of July, 19 42

(SEAL) Hazel B. Farris Notary Public, residing at Republic Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266 108 028 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Kootenai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lester Lee Boyer.

5. Date of Birth of Child (Month, day, year) May 8, 1899.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Alfred Boyer.
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Scottsville, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Geneva Haney
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Trenton, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth years, and that Mrs. Wm. J. Stout (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roberta Lear. Signature

Newport, Washington P. O. Address

Subscribed and sworn to before me this 20th day of July, 19 42

(SEAL) Ole Johnson Notary Public, residing at Newport

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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266 207 001 368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352699
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Martha Gertrude Boone

5. Date of Birth of Child (Month, day, year): June 7 1899

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: 2nd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Alfonso Libbum Boone
11. Color or Race: white
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Elko (City or town) Nevada (State or foreign country)
14. Exact Occupation: Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Janet Gertrude Floyd
17. Color or Race: white
18. Age at time of THIS birth: 17 yrs.
19. Birthplace: Alvon (City or town) West Va (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Mary (First name) Murray (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Gertrude Boone Signature
Jacksonville Oregon P. O. Address

Subscribed and sworn to before me this 30th day of June, 1943.
(SEAL) H C Nuckem Notary Public, residing at Jacksonville Ore
My Commission Expires January 16, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259 2030 03 363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352705
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 11 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Nearly 9 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Grace Service

5. Date of Birth of Child (Month, day, year) April 3, 1899.

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Robert Service
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Saltcoats (City or town) Scotland (State or foreign country)
14. Exact Occupation Proprietor
15. Industry or Business Coal and lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary La Vinnie Cole
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Columbia City (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Impossible to obtain this information.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Hubert A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary L. Service, Signature
2015-N.W. Flanders-Portland, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942

(SEAL) ..... Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires 9/1/42

Received for filing on JUL 24 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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352712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 5th & Garden
(d) Name of Hospital or Maternity Home: At family home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 9 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 5th & Garden
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address 5th & Garden

3. RESIDENCE of FATHER (city, state): Coeur d'Alene, Idaho

4. FULL NAME OF CHILD Dorothy Ellen Shallis

5. Date of Birth (Month, day, year) May 17, 1899

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Augustus Shallis
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Carroll Flats, New Hampshire (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery store

MOTHER OF CHILD

16. FULL MAIDEN NAME Eileen May Weeks
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Minneapolis (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 24 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet Ashton, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dorothy Ellen Shallis (Name of person on certificate above) as Mothers Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Sabin (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Ashton Signature
3508 W. La Crosse
Spokane Wash P. O. Address

Subscribed and sworn to before me on this 20th day of July, 1942

(SEAL) Jas. A. Foster Notary Public, residing at ____
Clerk Dist Court

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395 720 016 366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352717
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon Idaho

4. FULL NAME OF CHILD Kingsley Claud Lindsey

5. Date of Birth of Child (Month, day, year) Dec. 20, 1899

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Noah Lindsey
11. Color or Race white
12. Age at time of THIS birth 58 yrs.
13. Birthplace Lagrange (City or town) Georgia (State or foreign country)
14. Exact Occupation Farmer and laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Cofood
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the a brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Mrs. Zitting (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. Lindsey ..... Signature
Route 2, Idaho Falls, Idaho ..... P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942.

(SEAL) ..... Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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PS-218029 7/9

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352745
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gritman
(e) Mother's stay **BEFORE** delivery: IN THIS county Latah years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Id

4. FULL NAME OF CHILD Inez Violet Kinyon

5. Date of Birth of Child (Month, day, year) Aug. 18, 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Homer Ellis Kinyon
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Judy (City or town) Wis (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vieanna Parks
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Ravalli } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Mrs (First name) Cuddy (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James A Kinyon Signature

Galata Montana P. O. Address

Subscribed and sworn to before me this 21st day of July, 1942.

(SEAL) Albert H. Harvey Notary Public, residing at Chester, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236 / 12037 - 494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352878
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Riddle
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Riddle
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Augustus Stone

5. Date of Birth of Child (Month, day, year) Jan. 2, 1899

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Augustus Willey Stone
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Weaverville, California (City or town) (State or foreign country)
14. Exact Occupation Owner, manager
15. Industry or Business Cattle rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Riddle
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Marysville, California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Cattle rancher

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Augustus W. Stone (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address deceased Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that Martha Ellen Stone (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Augustus W. Stone Signature
Bly, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of July, 1942
(SEAL) W. E. Chas. Notary Public, residing at Bly Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Maud F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-223 025437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352898
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ELSIE IRENE HAWKINS

5. Date of Birth of Child (Month, day, year) April 23, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JAMES HARVEY HAWKINS
11. Color or Race WHITE
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laurabelle McPherson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 43 years, and that Mrs. Dave Landon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vinnie A. Hawkins Welch Signature

816 Pierce Street, Oregon City, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of July, 19 42

Mary Jacquelyn Coleman (SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mabel Hetler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or~~ in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

352974

United States
Department of Commerce
Bureau of the Census

AUG 3 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352974
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Oakley
(c) Street Address or R.F.D. No.: Water St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Oakley
(d) Street Address or R.F.D. No.: Water St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD William Lester Robison

5. Date of Birth of Child (Month, day, year) Aug. 5, 1899.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Jacob Thomas Robison
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Hatton (City or town) Utsh (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Collister
17. Color or Race: White
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that [illegible] (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that [illegible] are true to the best of my knowledge, and that I desire to have this birth recorded under [illegible]

Mae Ina McLaws — Signature
330 North 12th, Pocatello, Idaho — P. O. Address

[illegible] this 27th day of July, 19 42.
[illegible] Coleman — Notary Public, residing at Pocatello, Idaho.
[illegible] ble as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 - 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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995-226-014

353014

353014

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City PAYETTE
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City PAYETTE, IDAHO
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD PEARL ANN RINKER

5. Date of Birth of Child (Month, day, year) 7/26/1899

6. Sex FEMALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 No **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE WESLEY RINKER
11. Color or Race AMERICAN **12.** Age at time of THIS birth 40 yrs.
13. Birthplace COLORADO (City or town) (State or foreign country)
14. Exact Occupation DITCH SUPERVISOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY LAMB
17. Color or Race AMERICAN **18.** Age at time of THIS birth 34 yrs.
19. Birthplace DENVER (City or town) COLORADO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID SOLUTION

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Anna Duggan (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 212-11-14 Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the nurse-maid (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Mrs. (First name) Gaddes (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Duggan Signature
P. O. Address

Subscribed and sworn to before me this 20th day of July, 1942
(SEAL) E. Gardner Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Maud E. Gale, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-212008-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353079**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at family home
(e) Mother's stay **BEFORE** delivery IN **THIS** county years 11 months 4 days 2

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elsie Ella Sult

5. Date of Birth of Child (Month, day, year) Oct. 12, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Theodore Sult
11. Color or Race White **12.** Age at time of THIS birth 56 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer and sawmill man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Ann McCormac
17. Color or Race White **18.** Age at time of THIS birth 51 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 42 years, and that Mrs. Gus Koskella (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E R Sult Signature

Cascade Idaho P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942

(SEAL) Auditor Notary Public, residing at Cascade, Ida Valley Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mabel Kohler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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612-231-004 513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353202
Local Reg. No.
Reg. Dist. No. 1

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD HAZEL MAE OAKLEY

5. Date of Birth of Child (Month, day, year) May 31, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin F. Oakley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Carroll County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Amusement

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Estella Ealy
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Galena County, Illinois (City or town) (State or foreign country)
20. Exact Occupation Elocutionist
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Dr. (First name) Moore (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. F. Oakley
Signature

P. O. Address

Subscribed and sworn to before me this JUL 31 1942 day of 19

(SEAL) [illegible] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by Mont [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-109029-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cornwall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City CORNWALL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yr. mos.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Oliver Allen Johnson

5. Date of Birth of Child (Month, day, year) 10-9-1899

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elihu Gillmar Johnson
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Hardin (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Malindia Elizabeth Nelson
17. Color or Race White **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Richmond (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of SAN BERNARDINO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Mrs — (First name) Spencer (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malindia Elizabeth Johnson Signature
Colton California, Route Box 212 P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942.
(SEAL) [illegible] Notary Public, residing at Fountain Peak
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires August 7 1944

Received for filing on AUG 10 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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785 717 001 493

353408

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1st. & State Sts
(d) Name of Hospital or Maternity Home: Number forgotten
Born at home of parents
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. (Number of Street unknown) 13th. & Washington Sts.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Boise at time of birth

4. FULL NAME OF CHILD Harry Raymond Phelps

5. Date of Birth of Child (Month, day, year) Nov. 17, 1899

6. Sex male

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes/

FATHER OF CHILD

10. **FULL NAME** Edward James Phelps
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Pittsburgh, (City or town) Penna. (State or foreign country)
14. Exact Occupation Retired, previously Life Ins.
15. Industry or Business General Agent, prior merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Agnes Dickinson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Fort Jones, (City or town) California (State or foreign country)
20. Exact Occupation School teacher at time of
21. Industry or Business marriage

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as DR. L. C. BOWERS OF BOISE ATTENDED BIRTH WHICH OCCURRED AT FAMILY RESIDENCE (Mother, etc.)

25. Attendant's **OWN** signature DECEASED M.D. Midwife Address Date

State of California
County of Santa Barbara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for life time years, and that Dr. L. C. Bowers of Boise (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward J. Phelps Signature

222 West Sola Street, Santa Barbara, Calif. P. O. Address

Subscribed and sworn to before me this 28th. day of July 1942.

(SEAL) Pallmyra M. Argent Notary Public, residing at

NOTARY PUBLIC
In and for the County of Santa Barbara, State of California
My Commission Expires Jan. 22, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing AUG 10 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-718 029 859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353471
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: Gritman
(e) Mother's stay **BEFORE** delivery: IN THIS county years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State British Columbia (b) County Kootenay
(c) City Rossland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Rossland, B.C.

4. FULL NAME OF CHILD Charles Boyd Jenkins

5. Date of Birth of Child (Month, day, year) Dec. 18, 1899

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Vernon Jenkins
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Quincy Illinois (City or town) (State or foreign country)
14. Exact Occupation Business Mgr. & accountant
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Mabel Herman
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Newton Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum I don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Dr. Charles Gritman (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 169, 1937 Session Laws.

Lela H. Mayo ..... Signature
1802 S.E. 44th Ave. Portland Ore. Address

Subscribed and sworn to before me this 22nd day of July, 1942

(SEAL) O. F. Mayo Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-125-035-255

353543

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Kippen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Kippen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilber Rufus Tabor

5. Date of Birth of Child (Month, day, year) Aug 25 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Cass Tabor
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosella W Beeman
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child III (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of El Dorado } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel C Van Steenberge Signature
R 2 Box 110 Placerville Calif P. O. Address

Subscribed and sworn to before me this AUG 10 1942 day of , 19

(SEAL) John J Lomelis Notary Public, residing at Placerville Spring, California
MY COMMISSION EXPIRES OCT. 15, 1945
(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel F Helsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444-228-016-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353573
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City CONANT
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City CONANT
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) CONANT, IDA.

4. FULL NAME OF CHILD REVA LEONA DUMAS

5. Date of Birth of Child (Month, day, year) NOVEMBER 28, 1899

6. Sex FEMALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME HERBERT BYRON DUMAS
11. Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.
13. Birthplace SALT LAKE City, UTAH (City or town) (State or foreign country)
14. Exact Occupation FLOUR MILL OPERATOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia ELLA SNOW
17. Color or Race WHITE **18.** Age at time of THIS birth 20 yrs.
19. Birthplace ARKANSAS City, KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum THAT APPLIED BY PHYSICIAN

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Georgia Ella Yenney (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Ida Story (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Ella Yenney Signature
15436-1 ave So. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942

(SEAL) Joseph P. Kennis Notary Public, residing at Burien Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mabel Hill, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-216-035-466

353602

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Peck, Idaho

4. FULL NAME OF CHILD Ethel Marie Utt

5. Date of Birth of Child (Month, day, year) Oct. 16, 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rufus Walter Utt
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Welch (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Inez Mowlds
17. Color or Race white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Sprague (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 43 years, and that ~~Ethel Marie Utt~~ (First name) ~~Utt~~ (Last name), who attended this birth in Spokane (Is now deceased) or (Cannot be located) I further state that Daisy Snyder the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula Inez Utt Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 19 day of August, 19 42
(SEAL) J. P. Clemens Notary Public, residing at Lewiston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mark Tate, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-217-022-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton Route #1
(c) Street Address or R.F.D. No. — Route #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: Home
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lyman
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state) Lyman Idaho

4. FULL NAME OF CHILD HAZEL BUTLER

5. Date of Birth of Child (Month, day, year) March 17-1899

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Josiah A. Butler
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Fairfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Robison
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Morgan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as — (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mary E. Robison (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Butler Signature

Thornton, Route #1, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of August, 1942

(SEAL) Mel H. A. Parker Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-105-001-141

353640

353640

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 800 Blk. Jefferson St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Harry Adams Russell

5. Date of Birth of Child (Month, day, year) Feb. 5, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Harry Russell
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Knoxville, Illinois - U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophronia Jane Adams
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Missouri U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Dr. Bowers (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bessie Russell Howell Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of August, 1942

(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mary B. Edwards, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-122-022-213 AUG 25 1942 353662

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ora now Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ora now Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ora, Idaho

4. **FULL NAME OF CHILD** LaVerne Junius McGee

5. Date of Birth of Child (Month, day, year) Feb. 22, 1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Austin McGee
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Tooele, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phebe Ann Bates
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother~~: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora H. Hazeltine Signature

Nampa Idaho P. O. Address

Subscribed and sworn to before me this 24 day of Aug. 1942

(SEAL) Lillian Lewis Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-208-001-369 AUG 28 1942 353674

353674

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353674
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Hays St
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Hays St
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida.

4. FULL NAME OF CHILD Irene McMillan

5. Date of Birth of Child (Month, day, year) Sept 8th 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas McMillan
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Scotland (State or foreign country)
14. Exact Occupation Woolgrower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosie Corder
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Mayfield (State or foreign country) Idaho
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Ada, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Dr. (First name) George Collister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosie Corder McMillan Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of August, 1942.

(SEAL) Esther W. Tennyson Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-112-030-845

353787

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon Idaho

4. FULL NAME OF CHILD Earl Clarence Richardson

5. Date of Birth of Child (Month, day, year) Nov. 12 - 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert J. Richardson
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Hunting
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 42 years, and that Alice Richardson (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be found) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Harriet L. Withington — Signature
Baker Idaho — P. O. Address

Subscribed and sworn to before me this 14th day of August, 1942.
(SEAL) W. W. Simmons Clerk of Court Notary Public, residing at Salmon, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-122-029698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353884
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Id.

4. FULL NAME OF CHILD WALTER DEWITT GARDNER

5. Date of Birth of Child (Month, day, year) SEPT. 22, 1899

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ALBERT GARDNER
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Mondovia (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA PEARL FRYE
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Moscow, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ida Pearl Gardner (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon, County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since birth years, and that Dr. Watkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Gardner Signature

351 N. 21st Street, Salem, Ore P. O. Address

Subscribed and sworn to before me this 18th day of August, 1942

(SEAL) Phyllis Gardner Notary Public for Oregon residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. 17 May 1944

Received for filing on AUG 20 1942 by Mark Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-205-021-275

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353890
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Franklin (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Cared for at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 73 yrs.
(f) Mother's mailing address Dayton Idaho.

3. **RESIDENCE of FATHER** (city, state) Dayton Idaho

4. **FULL NAME OF CHILD** Pearl ~~Ella~~ Eva Atkinson

5. Date of Birth (Month, day, year) Feb. 5, 1899

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Henry Atkinson
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Standground (City or town) Hunts England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Adelaide Sperry
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace North Ogden (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 a.M. on the date and at the place stated above, and that personal particulars were furnished by Matilda Atkinson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 20 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank D. Atkinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pearl Eva Atkinson (Name of person on certificate above) as brother (older) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Howell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Walter Atkinson Signature
5504½ S. San Pedro St Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 17th day of August 1942

(SEAL) [illegible] Notary Public, residing at Los Angeles, Calif.

My Commission expires March 11, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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459-107044-45

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash (b) City WEISER
(c) Street Address or R.F.D. No. -Post Office
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. -Post Office
(e) How long has **MOTHER** lived in Idaho? 3 Mos yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD FRED LAURENCE MERRITT

5. Date of Birth of Child (Month, day, year) July 7 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FRED HOLMAN MERRITT
11. Color or Race White U S
12. Age at time of THIS birth 26 yrs.
13. Birthplace Farm in Atchison Co Missouri (City or town) (State or foreign country)
14. Exact Occupation Assistant Treasurer
15. Industry or Business Pacific & Idaho Northern R R

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Rose Myers Decker
17. Color or Race White U S
18. Age at time of THIS birth yrs.
19. Birthplace Keweenaw Co Michigan (City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dr Shirely is dead-No recor ds
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Holman Merritt — Signature

P.O. Box 504, Weiser, Idaho — P. O. Address

Subscribed and sworn to before me this 19th day of August, 1942

(SEAL) Frank D Ryan — Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869 115044 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354960
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City INDIAN VALLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley, Idaho.

4. FULL NAME OF CHILD DANIEL HORN

5. Date of Birth of Child (Month, day, year) Oct. 15, 1899

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. Henry Horn
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Devonshire, England (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Timpy Davidson
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Heber City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for life years, and that Sarah Baxter (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. W. Horn Signature
P. O. Address

Subscribed and sworn to before me this 22 day of August, 1942.
(SEAL) Leona B. Chase Notary Public, residing at Gridley, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-128-007-389

355027

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blain (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blain
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moore Idaho

4. FULL NAME OF CHILD Leonard James McCrumb

5. Date of Birth of Child (Month, day, year) Dec. 28 1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Marshall McCrumb
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Pittsburg (City or town) Penn (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Celia Thrailkill
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace East Port (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's OWN signature Amy Beverland M.D. ~~Midwife~~ Address Moore, Idaho Date 8/14/42

State of Idaho
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now X years of age, that I have known this person for 42 years, and that † (First name) (Last name), who attended this birth † (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Beverland Signature
Moore, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 1942
(SEAL) Leo A. Thurston ~~Notary Public, residing at~~ Probate Judge
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-223040817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem (near Wallace)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace (or Gem)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Gem - Idaho

4. FULL NAME OF CHILD Esther Lorraine Engelbrecht

5. Date of Birth of Child (Month, day, year) Oct. 23-1899

6. Sex Female

7. Twin or ~~Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Marten Engelbrecht
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business mining business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Hagberg
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Osterasund (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business had been in hotel or boarding house business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a close friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Dr. Simonsen (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Leithe Signature
Coeur d'Alene Ida. P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942
(SEAL) Jesse M. Edlund Notary Public, residing at Coeur d'Alene Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-109-003-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355071
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: BANNOCK (b) City: POCATELLO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: IDAHO (b) County: BANNOCK
(c) City: POCATELLO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO IDAHO

4. FULL NAME OF CHILD WILLIAM ERNEST HAWKLEY

5. Date of Birth of Child (Month, day, year) AUGUST 9, 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM JOHN HAWKLEY
11. Color or Race WHITE **12.** Age at time of THIS birth 21 yrs.
13. Birthplace PORTAGE (City or town) UTAH (State or foreign country)
14. Exact Occupation CARPENTAR
15. Industry or Business O.S.L RAILROAD

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET ANN CLARK
17. Color or Race WHITE **18.** Age at time of THIS birth 20 yrs.
19. Birthplace UINTAH (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 62 years of age, that I have known this person for 43 years, and that O. B. Stoddy (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Edgar Hawkley Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942
(SEAL) A B Chase Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mabel Kelsey, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-215-226-217

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355215
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Olive Lillian Robbins.

5. Date of Birth of Child (Month, day, year) Mar. 15, 1899.

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Stoddard Robbins.
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Willard, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Saxton
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hull, England. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Sarah Saxton (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Robbins Signature

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of August, 19 42

(SEAL) Bertha L. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Merl Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 221.001-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355222
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 66 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian

4. FULL NAME OF CHILD Cassie Evelyn Palmer

5. Date of Birth of Child (Month, day, year) 11-21-1899

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Alston Palmer
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace [redacted] Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Nora Anderson
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for ..... years, and that Ida Evans (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Nora Palmer Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 26 day of August, 1942

(SEAL) O M Kaing Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

338-215-023-249

355229

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Vera LaVonne Clymer

5. Date of Birth of Child (Month, day, year) Oct. 15, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julian William Clymer
11. Color or Race Caucasian **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Salem, Oregon (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Alice Burr
17. Color or Race Caucasian **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Maukport, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Bornalive~~ (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ~~Alice Clymer~~ (First name) (Last name), who is related to this child as ~~Mother~~ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Yuma } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Eugene Clymer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Alice Clymer Signature
Box 1443, Yuma, Arizona. P. O. Address

Subscribed and sworn to before me this 9th day of July, 19 42
(SEAL) R. E. Lee Notary Public, residing at Yuma, Arizona
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by [illegible], Registrar.

My Commission Expires Dec. 31, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-122-022-534

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355307
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lorenzo
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at farm home
(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years -- months --days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lorenzo
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 58 yrs.
3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Lee Ernest Browning
5. Date of Birth of Child (Month, day, year) Nov. 22, 1899
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd -----
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** James G. Browning
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Amanda V. Elmer
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----------

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---dont know---
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that ..... (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Amanda V Browning Signature
Rigby Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 19 42

(SEAL) [signature] Notary Public, residing at Rigby, Idaho
Residing at Rigby, Idaho
My Commission Expires Feb. 3, 1943
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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362-227-0176-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355316
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years 7 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklyn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Weston Idaho

4. FULL NAME OF CHILD Loretta Coburn

5. Date of Birth of Child (Month, day, year) Sept 27 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Coburn
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Beatrice Frew
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle B Coburn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature X ~~M.D.~~ Midwife Address deceased Date 8/27/42

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Ellen (First name) Morgan (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle B. Coburn Signature
116 - W - 90th Seattle - Wn P. O. Address

Subscribed and sworn to before me this 27th day of August 1942

(SEAL) Wm F. Paynter Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 29 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-211-014-719

355352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.: Cleveland Blvd
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.: Cleveland Blvd.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Viola Thorp

5. Date of Birth of Child (Month, day, year) Nov. 11, 1899

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Thorp
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Ill (City or town) Oregon (State or foreign country)
14. Exact Occupation Manager-Owner
15. Industry or Business Saloon

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Elma Parrish
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Haley, Haley, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

State of Washington
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant ~~does not sign~~ in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that Dr Johnson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eddith May Thorp Signature
Bliss, Idaho, Gooding Co. P. O. Address

Subscribed and sworn to before me this 6 day of August, 1942

(SEAL) [illegible] Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-222-022-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Andrew Estella Howard

5. Date of Birth of Child (Month, day, year) 22 October 1942

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Day Carlos Howard
11. Color or Race: White
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Marie Matilda Johnson
17. Color or Race: White
18. Age at time of THIS birth: 39 yrs.
19. Birthplace: Mt. Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation: Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Boric acid

23. Number of children of this mother: (a) At time of birth and including this child: ~~one~~ (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Gerald Godfrey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna M. M. J. Howard Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 2 day of June, 1942

(SEAL) O. Nesering, Probate Judge ~~Notary Public, residing~~ at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 1 1942 by Mabel Nielsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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464-231-001-295

355458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eva Marie Dodds

5. Date of Birth of Child (Month, day, year) July 31 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Albin Dodds
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace unknown (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly May Bingman
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Laclede Co (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Tulare } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person ~~for~~ since birth 43 years, and that Fred (First name) Compton, M.D. (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lilly May Dodds — Signature
P.O. Box 925, Visalia, California — P. O. Address

Subscribed and sworn to before me this 21st day of August, 19 42.

(SEAL) Guy B. Bigrand — Notary Public, residing at Visalia, Tulare Co Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Oct. 11, 1943

Received for filing on SEP 3 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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966-112-035-457 355549 355549

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Lapwai

4. FULL NAME OF CHILD Lester Calvin Rowland

5. Date of Birth of Child (Month, day, year) Oct. 12. 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robt. Ed. Lee Rowland
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer & Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Loretta Departee
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Nefi (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Celia Ann Rowland (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dolly Rowland Mrs J. H. DePartee Signature

Pearl Route 1 Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of September, 1942

(SEAL) Marion E. Ore Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 12, 1942 by Mary E. Eagan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-121-020-618

355572

355572

United States Department of Commerce Bureau of the Census

SEP 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355572
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mayfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Mayfield Ida.

4. FULL NAME OF CHILD Ivan Ralph Slater

5. Date of Birth of Child (Month, day, year) Feb 21 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver B Slater
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace West Point (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Waymire
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Lima (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Claude R Slater (First name) (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Oliver B. Slater, father (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude R Slater Signature

Mayfield, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of September, 1942

(SEAL) Irene A Crowley Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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414-108-003-289

355622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) Lava Hot Springs Idaho

4. FULL NAME OF CHILD David Elza Monroe Martin

5. Date of Birth of Child (Month, day, year) Mar. 8. 1899

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Alvaro Monroe Martin
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Providence Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elena Augusta Byington
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Marsh Valley Ida (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Tammy Francis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elena Augusta Byington Martin Signature
Lava Hot Springs Ida P. O. Address

Subscribed and sworn to before me this 9 day of July, 1942.
(SEAL) M. Larska Notary Public, residing at Lava Hot Springs Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-221-003-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355697
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1224 N. Garfield
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1224 N. Garfield
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Maud Bonner

5. Date of Birth of Child (Month, day, year) Jan. 21, 1899

6. Sex female 7. Twin or Triplet twin If so—born 1st, 2nd, 3rd First 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Bonner
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace New Castle on Tyne (City or town) England (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Belle Steere
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Logan (City or town), Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43 years, and that Hubert A. Castle (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Sessions Signature
1112 No Main, Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 8 day of SEPT. 1942

(SEAL) Finis Bentley Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-220-510-365

355701

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Southern part
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Enid Anita Bannon

5. Date of Birth of Child (Month, day, year) April 20, ~~1942~~ 1899

6. Sex Female

7. Twin ~~or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bannon, John Thomas
11. Color or Race Irish
12. Age at time of THIS birth 39 ~~38~~ yrs.
13. Birthplace Kansas City, Kansas (City or town) (State or foreign country)
14. Exact Occupation Brick burner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Belle Loughman
17. Color or Race White
18. Age at time of THIS birth 29 ~~28~~ yrs.
19. Birthplace Essex (City or town) Iowa (State or foreign country)
20. Exact Occupation Mother of family
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. La Rue (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edith B Krebe Signature
1917 W Le Ave Spokane P. O. Address

Subscribed and sworn to before me this 5 day of Sept 19 42

(SEAL) Ella Logan Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1966

SEP 10 1942

Note:

I went by my step father's name: as: ....."Enid Anita Grebe", all thru school & college.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-220-210-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355702
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. southern part
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Edna Juanita Bannon

5. Date of Birth of Child (Month, day, year) april 20, 1942

6. Sex Female **7.** Twin ~~or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bannon, John Thomas
11. Color or Race White (Irish) **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Kansas City (City or town) (State or foreign country)
14. Exact Occupation Brick Burner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Belle Loughman
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Essex (City or town) Iowa (State or foreign country)
20. Exact Occupation Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. Lou Rue (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edith B Grebe Signature
1917 W 6 S Spokane P. O. Address

Subscribed and sworn to before me this 8 day of Sept, 1942

(SEAL) Ed Logan Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing AUG 26 1942 by Mabel McCutcheon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

Note:
We went by our step-father's name:
as: "Edna Juanita Grebe" —
all thru school & college.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-227-210-345

355729

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 84 years 102 months 84 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS IDAHO
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD VIRGINIA GRACE PETERSON

5. Date of Birth of Child (Month, day, year) Oct. 27, 1899

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME CARL WILLIAM PETERSON
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace WEST POINT (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HULDAH CHARLOTTE LUNDBLADE
17. Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
19. Birthplace OSTRA EMTERVIKVERMLAND SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business TEACHER

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Pima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 43 years, and that Carolina Lundblade (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APRIL 18, 1943

Hazel C. Patton Signature
Tucson Ariz. P. O. Address

Subscribed and sworn to before me this 15 day of July, 1942

(SEAL) E. T. Anderson Notary Public, residing at Pima Co Tucson Ariz

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-217007-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) 3 years

4. FULL NAME OF CHILD Ruth Alena Moore

5. Date of Birth of Child (Month, day, year) 3-17-99

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stonewall Jackson Moore
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelaide Alice Matthews
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Bingham (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business in own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Adelaide (First name) Reese (Last name), who is related to this child as Mother (Mother, etc.)

25. ~~Attendant's~~ Mothers OWN signature Adelaide Reese ~~M.D.~~ ~~Midwife~~ Address 965 Via Wanda Long Beach Date 9-7-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Serbia (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelaide Reese Signature
965 Via Wanda Long Beach Calif P. O. Address

My Commission Expires July 25, 1944

Subscribed and sworn to before me this 7 day of September, 1942

(SEAL) Edward F. Bryan Notary Public, residing at LONG BEACH, CALIF

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mabel Yelden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533 202029 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 14 1942

State File No. 355876
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick (country)
(c) Street Address or R.F.D. No. R.R. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick (country)
(d) Street Address or R.F.D. No. R.R. 2
(e) How long has **MOTHER** lived in Idaho? 6 yr. yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida (country)

4. FULL NAME OF CHILD Blanche Elizabeth Elliott

5. Date of Birth of Child (Month, day, year) Sept 2- 1899

6. Sex female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hanks Elliott
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Colo (City or town) ~~Kansas~~ Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Florania Peters
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Emma (First name) Stockwell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Hanks Elliott Signature
N Lewiston Rt 2 Box P. O. Address

Subscribed and sworn to before me this 10. day of September, 1942.

(SEAL) Philip Weisgerber Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mary E. Kaplan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242 ID1009 669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355879
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) 5 yrs

4. FULL NAME OF CHILD Roy W Burby

5. Date of Birth of Child (Month, day, year) 8-1-1899

6. Sex Male **7.** Twin or Triplet ✓ If so, 1st, 2nd, 3rd 1st born **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Elmer Burby
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Sharpen Bay (City or town) Wisc. (State or foreign country)
14. Exact Occupation Caretaker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Workman
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Fort Gay (City or town) W. Virginia (State or foreign country)
20. Exact Occupation Farmers
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Zeno (First name) Workman (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address deceased Date

State of Wash.
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Mrs Le Hugat (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Inez Burby Signature
Spokane, Wash 111 E-N-Normandie P. O. Address

Subscribed and sworn to before me this 10 day of September, 19 42

(SEAL) S H J Barrett Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1942 by Mabel Webster, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-205044-796

355909

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Bear
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Bear Idaho

4. FULL NAME OF CHILD Addie Ingeborg Robertson

5. Date of Birth of Child (Month, day, year) Apr. 5th 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Vincent Robertson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Vermont (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Ann Groseclose
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Boulder County Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Mrs. Amy Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Robertson Snider — Signature
Midvale Idaho — P. O. Address

Subscribed and swern to before me this 19th day of Sept., 1942.
(SEAL) J. T. Goodwight — Notary Public, residing at Midvale Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Mabel E. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263 217 040-438

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356031
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Agnes Patricia Boland

5. Date of Birth of Child (Month, day, year) April 17 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Boland
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Glascow (City or town) Scotland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie McHale
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Oliphant (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~xxxxx~~ 5 (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie McHale Boland Signature

545 East 36th. St. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of September, 1942

(SEAL) Eva S. Egan Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mabel E. Blake, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-208007-231

United States
Department of Commerce
Bureau of the Census

SEP 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) On farm
(a) County Blaine (b) City near Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: about
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City on farm near Bellevue Ida.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mabel Gilman

5. Date of Birth of Child (Month, day, year) Nov 8-1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Walter Gilman
11. Color or Race white 12. Age at time of THIS birth about 39 yrs.
13. Birthplace Worcester (City or town) mass (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Stamper
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Oswego (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mrs. (First name) Dayton (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cassie D. Hyde Signature
1410 High St. Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 10th day of Sept., 1942
(SEAL) C. F. Hyde Notary Public, residing at Eugene Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires March 25, 1945

Received for filing on SEP 17 1942 by Mary T. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-230030-236

United States
Department of Commerce
Bureau of the Census

SEP 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356127
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Leesburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leesburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD Edyth Elizabeth Gable

5. Date of Birth of Child (Month, day, year) 4/30, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Alden Gable
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lost Nation, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming, mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Blanche Scofield
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Cannon Falls, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mrs. Thomas Pope (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Alden Gable
Signature

Salmon, Idaho
P. O. Address

Subscribed and sworn to before me this 14th day of ~~August~~ September, 19 42

(SEAL) Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359 129 029 812

356153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City GENESEE
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City GENESEE
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) GENESEE IDAHO

4. FULL NAME OF CHILD LAWRENCE VICTOR TERHAAR

5. Date of Birth of Child (Month, day, year) OCTOBER 29 1919

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME Frank W. Terhaar
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace St. Cloud, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary K Hasfurther
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Carroll, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not used
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Mrs. (First name) Kombrich (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary K Terhaar Signature

Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of September, 19 42

(SEAL) Notary Public, residing at Cottonwood, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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434-102036 349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357149
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Clifton, Ida.

4. **FULL NAME OF CHILD** Gilbert McMurrin

5. Date of Birth of Child (Month, day, year) April 2, 1899

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Leaing McMurrin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Mary Turpin
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Southampton, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. ~~Number of children of this mother~~: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that Jane Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Mary McMurrin — Signature

275 East 2 North, Logan, Utah — P. O. Address

Subscribed and sworn to before me this 19th day of September, 1942

(SEAL) O. L. Crockett — Notary Public, residing at Logan, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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632-117029-553

357170

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy,
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy,
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD OTTO WALTER OLSON

5. Date of Birth of Child (Month, day, year) JUNE 17 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** OLE OLSON
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BRITA C. NELSON
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25. no relation

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mrs August Lundgren (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. Johnson
Signature

Troy, Idaho
P. O. Address

Subscribed and sworn to before me this 17th day of September, 1942

(SEAL) E. Brooke
Notary Public, residing at Troy, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-121003666

United States
Department of Commerce
Bureau of the Census

SEP 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357196
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

4. FULL NAME OF CHILD Edgar Holland

5. Date of Birth of Child (Month, day, year) 5/21/1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Stewart Holland
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Manchester (City or town) England (State or foreign country)
14. Exact Occupation postmaster
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Wood ~~Holland~~
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Manchester (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, ~~and that~~ ..... (First name) ..... (Last name), who ~~attended this birth~~ ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Clara Cohen Signature

Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of August, 1942

(SEAL) H. Hagen Cox Notary Public, residing at Nampa, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mark Hildreth, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-222036 855

357198

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Blanche Howell

5. Date of Birth of Child (Month, day, year) Aug 22 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edmond Fuller Howell
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Clifton Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Henderson
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Clifton Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10:30P/M. on the date and at the place stated above, and that personal particulars were furnished by Annie Howell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Jane (First name) Howell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Howell
Signature

Preston, Idaho
P. O. Address

Subscribed and sworn to before me this 18th day of September, 1942

(SEAL) Selma Shaffer Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mary E Clifton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942 205003-248

SEP 21 1942

357292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 55
Reg. Dist. No. 520

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Bannock (b) City
(c) Street address or R. F. D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home — Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):
Soda Springs, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Adelaide Mary Russell

5. DATE OF BIRTH (Month, day, year) 9-5-99

6. Sex F

7. Twin or Triplet One If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James M. Russell	16. FULL MAIDEN NAME Agnes Buhl
11. Color or Race W	17. Color or Race W
12. Age at time of THIS birth 33 yrs.	18. Age at time of THIS birth 21 yrs.
13. Birthplace Colo. (City or Town) (State or foreign country)	19. Birthplace Germany (City or Town) (State or foreign country)
14. Exact Occupation R.R. Service	20. Exact Occupation Wife
15. Industry or Business Transportation	21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Buhl Russell (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July 22, 1942 (Date received) (b) D. Russell Tyack (Registrar's signature)

25. Attendant's OWN signature Ellis Kackley M. D. (D. O., Midwife, etc.)

and address Soda Springs, Idaho Date 7-22-42

27. (Registrar's Copy made) ~~Given name added~~ on 9/11/42 by D. Russell Tyack (Registrar's signature)

SEP 21 1942

SEP 28 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

658-225031-613

United States
Department of Commerce [redacted]
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357295
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Lewis (b) City: Myrtle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Lewis
(c) City: Myrtle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Hazel Marenda Fehling

5. Date of Birth of Child (Month, day, year) 7/25/1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Charles H. Fehling
11. Color or Race W. **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Westphalen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Walker
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Wichita, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Mrs. (First name) William Glasby (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs May Redding Signature
Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of July, 19 42
(SEAL) M. A. Kroger Notary Public, residing at Harrison
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mart Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-228-014-443

357313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County ~~Payette~~ Canyon (b) City PAYETTE
(c) Street Address or R.F.D. No. 7th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County ~~Payette~~ Canyon
(c) City PAYETTE
(d) Street Address or R.F.D. No. 7th ST.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address PAYETTE

3. RESIDENCE of FATHER (city, state): PAYETTE IDA

4. FULL NAME OF CHILD LOUISE BERTHA OSTER
5. Date of Birth (Month, day, year) NOV 5/1899
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WENDELIN OSTER
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace Southern Russia (City or town) (State or foreign country)
14. Exact Occupation FARM LABOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HENRIETTA MUTSCHALL
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace Southern Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. ~~Industry or~~ Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive or stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by WENDELIN OSTER (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) ..... (Date received) (b) Maude Weeden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address PAYETTE IDA Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Wendelin Oster, being first duly sworn, say that I am related (Related to (or) acquainted with) Louise Bertha Oster (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Golden, midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wendelin Oster Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1942

(SEAL) W. A. McCann Notary Public, residing at Payette, Idaho

SEP 24 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

873-229 004-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357479
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family residence
(e) Mother's stay **BEFORE** delivery IN **THIS** county years 9½ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9½ mo xx yrs.

3. RESIDENCE OF FATHER (city, state) Bloomington Idaho

4. FULL NAME OF CHILD Myrtle Irene Huckvale

5. Date of Birth of Child (Month, day, year) June 29, 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jonathan Frederick Shurey Huckvale
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Bloomington, (City or town) Idaho (State or foreign country)
14. Exact Occupation school teacher and farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Turner
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Bloomington, (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Dr. Warren B. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jonathan Frederick Shurey Huckvale Signature
Bloomington, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of August, 1942

(SEAL) Sam C. Lemhe Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Clerk, District Court SEP 26 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-221003-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 30

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357537
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1224 N. Garfield
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1224 N. Garfield
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Mable Bonner

5. Date of Birth of Child (Month, day, year) Jan. 21, 1899

6. Sex female 7. Twin or — Triplet If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Bonner
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Newcastle on Tyne, Eng. (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Belle Steers
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Hubert A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hannah Sessions Signature

1112 North Main, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of September, 19 42

(SEAL) Fines Bentley Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 1 1942

United States Department of Commerce
Bureau of the Census

689 123006
251

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357589
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley, RFD #2
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Ida.

4. FULL NAME OF CHILD Seymour Brigham Whitmill

5. Date of Birth of Child (Month, day, year) Apr. 23, 1899

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Rollen Whitmill
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Oxfordshire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luna Estella Searle
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all his life years, and that Christina Inglestrom (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Barney Whitmill Signature

Shelley, Idaho, RFD 2 P. O. Address

Subscribed and sworn to before me this 29th day of September, 19 42.

(SEAL) L. Svaldensen Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Mary E. Hopson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-111 022-857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357609
Local Reg. No.
Reg. Dist. No.

OCT 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Grant,
(c) Street Address or R.F.D. No. I,
(d) Name of Hospital or Maternity Home: Private Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Fremont
(c) City Grant,
(d) Street Address or R.F.D. No. I,
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Grant, Ida

4. FULL NAME OF CHILD Leland Green Taylor,

5. Date of Birth of Child (Month, day, year) Aug-11-1899.

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Green Taylor,
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Harrisville, (City or town) Utah, (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business for self,

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Hegsted,
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Huntsville, (City or town) Utah, (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business no,

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate wash,

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho,
County of Jefferson, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for for life years, and that Harriet Dabell, (First name) (Last name), who attended this birth is now dead, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Green Taylor
Signature

Rigby, Idaho.
P. O. Address

Subscribed and sworn to before me this 1st day of October, 1942

(SEAL) Percy Grom
Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mary Preston, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-220036465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357649
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Malad
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Malad
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 6 mos yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Ida Alice White

5. Date of Birth of Child (Month, day, year) 9-20-1899

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles D. White
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ellen Donovick
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended the~~ was present at birth of this child, who was Born alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Ida White (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Attendant was midwife and did several years Address Malad Idaho Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Julia (First name) Donovick (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elda E. H. Whitton Signature
2572 So. 9 W. Salt Lake City P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) Afton B. Wilder Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel Heffer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-122-029-391

United States Department of Commerce Bureau of the Census

OCT 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357698
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah---- (b) City Troy--
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state)

4. **FULL NAME OF CHILD** Francis Henry Martin.

5. Date of Birth of Child (Month, day, year) March 22nd 1898.

6. Sex Male

7. Twin or Triplet Just 1. If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Martin (now deceased,)
11. Color or Race White---
12. Age at time of THIS birth 34 yrs.
13. Birthplace State of New York (City or town) (State or foreign country)
14. Exact Occupation Hewas a farmer
15. Industry or Business ---

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca May Crawford
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace State of Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Rebecca May Bullis (First name) (Last name), who is related to this child as MOTHER, (Mother, etc.)

25. Attendant's **OWN** signature Dr. Scallons, Now deceased. M.D. Midwife Address ---------- Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Dr Scallons (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca May Bullis Signature
1204 East Race St. Ykima Wn. P. O. Address

Subscribed and sworn to before me this 2nd-- day of OCTOBER 1942

(SEAL) L. A. Mason Notary Public, residing at Yakima Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mark Fleiner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-130-006-254

United States Department of Commerce Bureau of the Census

OCT 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357716
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: farm residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 1 yr 9 mo yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot IDA

4. FULL NAME OF CHILD Clarence Taylor Machold

5. Date of Birth of Child (Month, day, year) Jan 30, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Herman Machold
11. Color or Race Caucasian
12. Age at time of THIS birth 31 yrs.
13. Birthplace Columbus, Ohio (City or town) (State or foreign country)
14. Exact Occupation printer and farmer
15. Industry or Business - - - - -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Agnes Kemmerling
17. Color or Race Caucasian
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sternberg, Bavaria, Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mrs. Anna Baird (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Agnes Machold Signature

1712 So. Kingsley Drive
Los Angeles, California P. O. Address

Subscribed and sworn to before me this 27th day of September, 1942

(SEAL) Lawrence M. Welch Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 3 1942 by Mary Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-219001 359

United States
Department of Commerce
Bureau of the Census

OCT 7 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357760
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Franklin Street
(d) Name of Hospital or Maternity Home: St. Alphonso's
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5-6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Franklin St.
(e) How long has **MOTHER** lived in Idaho? approx 10 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Lydia Ella Moseley

5. Date of Birth of Child (Month, day, year) Feb. 19, 1899

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy ? 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Henry Moseley
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Indianola, Texas (City or town) (State or foreign country)
14. Exact Occupation Land and Cattle
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Leigh
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Monroe, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43 years, and that Dr. Geo. H. Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. Moseley Signature

1220 Grove - Glendale Calif. P. O. Address

Subscribed and sworn to before me this 30th day of September, 19 42

(SEAL) Elaine Obarse Notary Public, residing at Glendale Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires April 5, 1943

Received for filing on Aug. 27, 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-111-522-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357845
Local Reg. No.
Reg. Dist. No.

Fremont

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City St Anthony
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Cassia~~ Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) ST ANTHONY IDA

4. FULL NAME OF CHILD John Franklin Sharp

5. Date of Birth of Child (Month, day, year) APRIL 11th 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 7th **8.** No. months of Pregnacy ✓ **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Hefey Chase Sharp.
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Cramer
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature DISEASED. M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that D. Middleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Cramer Sharp Signature
#2 Avon St - Riverside Cal. P. O. Address

Subscribed and sworn to before me this 5th day of October, 1942.
(SEAL) Irene Taylor Notary Public, residing at Riverside Cal.
My Commission Expires August 12, 1946
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-105-028-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357846
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 4th & Lakeside
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 4th & Lakeside
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lee Alexander Swofford

5. Date of Birth of Child (Month, day, year) March 5, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Jeff Swofford
11. Color or Race white
12. Age at time of THIS birth 56 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Goodin
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Dr. Wentz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. F. Swofford — Signature

Potlatch, Idaho — P. O. Address

Subscribed and sworn to before me this 6th day of October, 1942.

(SEAL) R. H. Whiteside, County Recorder By Eleanor Larson, Deputy — Notary Public, residing at St. Maries, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-106-vol-213

United States Department of Commerce Bureau of the Census

OCT 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358070
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise, Idaho.
(c) Street Address or R.F.D. No. 8th & Brumback
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 2 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 8th & Brumback
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Herbert Francis Southard

5. Date of Birth of Child (Month, day, year) Feb. 6, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Samuel Francis Southard
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Daany, (City or town) Indiania (State or foreign country)
14. Exact Occupation Contracter
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida M. Baldwin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Salini, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Dr. (First name) Haley (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida M Southard Signature

1079 W. 5th. Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 10th day of October, 1942

(SEAL) W B Dillard County Clerk Notary Public, residing at Lane Co. Eugene Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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48-116-01P-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 14 1942

State File No. 358095

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley

(c) Street Address or R.F.D. No. None

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Oakley

(d) Street Address or R.F.D. No. On Farm

(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edgar Ward Dayley

5. Date of Birth of Child (Month, day, year) Nov. 16, 1899

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd Nil.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Owen Dayley

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Grantsville (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy E. Bailey

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Grantsville (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum Un Known

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Edgar (First name) Dayley (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Janet Dayley ~~M.D.~~ Midwife Address Oakley, Idaho. Date 11-16-1899.

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 years, and that Janet (First name) Dayley (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Dayley Allred Signature

Fort Hall, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942.

(SEAL) [illegible] Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel H. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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664-1160 14-759

358104

358104

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358104
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Gen. del
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. gen del.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Archie Edward Womack

5. Date of Birth of Child (Month, day, year) Dec. 16 1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME George Washington Womack
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Emmett Idaho (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ellen Perkins
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Union Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Dr. (First name) Colymer (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Geo. W. Womack Signature

..... P. O. Address

Subscribed and sworn to before me this 17 day of Oct 19 42

(SEAL) ..... Notary Public, residing at Bellevue

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Maud F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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942-209-014-488

358189

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Nampa
(c) Street Address or R.F.D. No.: west of Nampa
(d) Name of Hospital or Maternity Home: farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Nampa
(d) Street Address or R.F.D. No.: R.F.D. No. 36
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida

4. FULL NAME OF CHILD Mildred Fern Ruse

5. Date of Birth of Child (Month, day, year) Feb.9.1899

6. Sex: female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Ruse
11. Color or Race: white
12. Age at time of THIS birth: 45 yrs.
13. Birthplace: Lynchburg (City or town) Ohio (State or foreign country)
14. Exact Occupation: blacksmith
15. Industry or Business: own business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Louise Dryden
17. Color or Race: white
18. Age at time of THIS birth: 36 yrs.
19. Birthplace: Lynn Co. (City or town) Lynneus Missouri (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business: own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Dr. Frederick S. Kohler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. B. Ward — Signature
Boise Idaho Box 212 — P. O. Address

Subscribed and sworn to before me this 28 day of October, 1942

(SEAL) Pearl E. Beverly — Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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364-104-029-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Detroit
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Martin Clifford Compton

5. Date of Birth of Child (Month, day, year) June 4, 1899

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Abe Compton
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Kaliveris County, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Aurilla Liskum
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Dekalb, St Lawrence County, New York. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) ~~Born alive and now living~~ 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Dr. Hinkle (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Aurilla Liskum Compton Signature

1838 Iron Street, Bellingham, Wash. P. O. Address

Subscribed and sworn to before me this 7th day of October, 1942

(SEAL) Esther Roeder Notary Public, residing at Bellingham, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mabel F. Gilbert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-215-01-469

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359288
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City NAMPA
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address NAMPA, IDAHO

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD MARGARET ELIZABETH BURNS

5. Date of Birth (Month, day, year) June 15-1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM FRANK BURNS

11. Color or Race WHITE

12. Age at time of THIS birth 40 yrs.

13. Birthplace JOPLIN (City or town) MISSOURI (State or foreign country)

14. Exact Occupation MERCHANT (DEPT STORE)

15. Industry or Business GENERAL MDSE.

MOTHER OF CHILD

16. FULL MAIDEN NAME FANNIE MORRISON

17. Color or Race WHITE

18. Age at time of THIS birth 35 yrs.

19. Birthplace PATTERSON CREEK (City or town) MISSOURI (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business HOME MAKER

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of California
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Morrison Potter, being first duly sworn, say that I am AUNT related to (Related to (or) acquainted with) Margaret Elizabeth Burns (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor and attendant (Name of attendant at birth), who attended said birth are both deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Nettie Morrison Potter Signature

P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1942

(SEAL) C. C. Fuller Notary Public, residing at Santa Ana, Cal

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-102-028-633

359327

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Walter Roy Satchwell

5. Date of Birth of Child (Month, day, year) November 2 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Rosell Satchwell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bridge Creek (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Otelia Bertha Otto
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Berlin (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Mrs. Foote (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roscoe Satchwell Signature

Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942

(SEAL) [illegible] Notary Public, residing at Rathdrum, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on OCT 22 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-204-003-612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359350
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at ranch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 74 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Delania Ann Potter

5. Date of Birth of Child (Month, day, year) July 4 1899

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Franklin Potter
11. Color or Race white **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Finis Abigail Wakley
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9 (10 born 1 died at 2 yrs.)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Nancy Byington (First name) (Last name) midwife, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Finis Wakley Potter Signature
Lava Hot Springs Idaho P. O. Address

Subscribed and sworn to before me this 20th day of October, 1942

(SEAL) W J Kariska Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel F Elefson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-218-035-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359370
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Myrtle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Myrtle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Agnes Nadine Harrington

5. Date of Birth of Child (Month, day, year) Nov. 18, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Elija Harrington
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Angline Paul
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Mary Moffatt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lydia Grover Signature
910-5th St. Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942

(SEAL) A Brandwell Notary Public, residing at Clarkston, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-120-001-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Bruce Willis Neville

5. Date of Birth of Child (Month, day, year) Aug 20, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Lee Neville
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Platt Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Maria Barnes
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Parkville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that Jessie Neville (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Neville Gardner — Signature
210 S. Maple, Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me this 16 day of Oct., 1942

(SEAL) J. P. Fackrell — Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-123-028-382

United States
Department of Commerce
Bureau of the Census

OCT 22 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(Then) (a) County Kootenia, (b) City Bonner's Ferry,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (At own home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years Two months Five days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Kootenia (then)
(c) City Bonner's Ferry,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Eight Mons. (Ida
3. RESIDENCE OF FATHER (city, state) Bonner's Ferry,

4. FULL NAME OF CHILD Donn Leland Wright.
5. Date of Birth of Child (Month, day, year) November 23, 1899.
6. Sex Male
7. Twin or Triplet No.
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 months Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** Wilber "E". Wright,
11. Color or Race White
12. Age at time of THIS birth 23 years. yrs.
13. Birthplace Cowan, Delaware County, Indiana. (City or town) (State or foreign country)
14. Exact Occupation Clerk & Telegraph Operator;
15. Industry or Business Great Northern Railway

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Daisy Catherine Lykins.
17. Color or Race White
18. Age at time of THIS birth 21 yrs yrs.
19. Birthplace Cowan, Delaware County, Indiana (City or town) (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kentucky,
County of Jefferson, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-four years of age, that I have known this person for -43- years, and that Dr. Bishop (M.D.) Bonner's Ferry, Ida. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Daisy C Wright Signature

1301 Cecil Ave., Louisville, Kentucky. P. O. Address

Subscribed and sworn to before me this 20 day of October, 1942.

(SEAL) M M Hellmann Notary Public, residing at Louisville Ky.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1942 by Mark Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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133-124-031-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359423
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Idaho.

4. FULL NAME OF CHILD Lewis Basil Allard

5. Date of Birth of Child (Month, day, year) July 24, 1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Purl B. Allard
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace La Crosse (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Brock
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Bloomfield (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Mary (First name) Page (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Annie Allard Signature

Oroville, Washington P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942

(SEAL) Mary G. Green Notary Public, residing at Oroville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mary G. Green, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-112-035-818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359516
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Spalding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Spalding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Wilmer Arthur Briggs

5. Date of Birth of Child (Month, day, year) March 12, 1899

6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 9
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Levi Briggs
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Danville Ind. (City or town) (State or foreign country)
14. Exact Occupation Store keeper and judge of
15. Industry or Business indians

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Luella Hayter
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace MAPLE CREEK Alb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that woman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

viola Luella Briggs Signature
Durham Cal. P. O. Address

Subscribed and sworn to before me this 18 day of Oct 1942

(SEAL) W. H. McAnarlin Notary Public, residing at Durham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 25 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-218. 225-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359568
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville-

4. FULL NAME OF CHILD Lillie Alice Kunze.

5. Date of Birth of Child (Month, day, year) Feb. 18, 1899

6. Sex Female **7.** Twin or Triplet xx If so—born 1st, 2nd, 3rd xx **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Kunze
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace State of Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Benoy
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Idaho Co., Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Kunze Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of October, 19 42
(SEAL) [illegible] Notary Public, residing at Grangeville-
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 28 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-123-035-634

United States
Department of Commerce
Bureau of Census

OCT 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359585
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County NEZ PERCE (b) City CAMERON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City CAMERON IDA.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address CAMERON IDA
3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD GUSTAV ADOLPH BLUM.
5. Date of Birth (Month, day year) 11-23-1899
6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD
10. FULL NAME HERMAN A BLUM.
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation BLACKSMITH.
15. Industry or Business SAME

MOTHER OF CHILD
16. FULL MAIDEN NAME ANNA MARIE OLDAG
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace NEW RICHLAND MINN. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 29 1942 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of KATAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ANNAMARIE BLUM, being first duly sworn, say that I am related to (Related to (or) acquainted with) GUSTAV ADOLPH BLUM (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MARIE RIGGER (Name of attendant at birth), who attended said birth is NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Marie Blum Signature
CAMERON IDAHO P. O. Address

Subscribed and sworn to before me on this 27 day of Oct 1942.
(SEAL) [illegible] Notary Public, residing at [illegible]
OCT 25 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-219-036-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 28 1942

State File No. 359599
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Clifton, Ida.

4. FULL NAME OF CHILD Elizabeth Pearl Henderson

5. Date of Birth of Child (Month, day, year) Sept. 19, 1899

6. Sex Female 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Milton Henry Henderson
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Clifton, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Abigail Holt
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace South Jordan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Jane (First name) Howell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Abigail Henderson Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of October 1942

(SEAL) Albert A. Smith Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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534-213-036-789

United States
Department of Commerce
Bureau of the Census

OCT 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359600
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton Idaho
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton Idaho

4. FULL NAME OF CHILD Jennie Eldredge

5. Date of Birth of Child (Month, day, year) Jan 13 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Horace Eldredge
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Annora Phillips
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Clifton Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Annora Eldredge (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 1812 E.64 St. Los Angeles, California Date 10-23-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Sarah Phillips (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Annora Eldredge Signature
1812 E.64 St. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 23 day of October, 1942.
(SEAL) Elmer R. Gerlin Notary Public, residing at 7111 Holmes Ave Los Angeles Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-1011, Idaho Code Annotated.)
My Commission Expires Nov. 22, 1947 and for the County of Los Angeles State of California

Received for filing on OCT 28 1942 by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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519-228-275-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359601
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Nez Perce (b) City:
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City:
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 2

4. FULL NAME OF CHILD: GENEVA EARL

5. Date of Birth of Child (Month, day, year): Feb. 28, 99

6. Sex: Female

7. Twin or Triplet: If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Thomas P. Earl
11. Color or Race: White
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Columbia Co. (City or town) Washington (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Mary Crumpacker
17. Color or Race: White
18. Age at time of THIS birth: 36 yrs.
19. Birthplace: Chillecothe, (City or town) Missouri (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Earl (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature: Elizabeth S. Bond ~~M.D.~~ Midwife Address: Asotin, Wash. Date: 10/27/42

State of WASHINGTON
County of ASOTIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 43 years, and that Elizabeth (First name) Bond (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Earl Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 27, day of October, 1942

(SEAL) [illegible] COUNTY COMMISSIONER ~~Notary Public~~, residing at Asotin, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-212-029-752

359645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) *

OCT 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12yr. 10mos.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Viola Theresa Lorang

5. Date of Birth of Child (Month, day, year) Jan.12,1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Lorang
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Johnsburg, Wisconsin, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Gesellchen
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Mt. Calvary, Wisconsin, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that Anna Marie Lorang (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Smolt Signature

Walnut Street, Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942

(SEAL) Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1942 by Mabel Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-112-028-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359809
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. 13Da
(e) How long has **MOTHER** lived in Idaho? 11 Mo xx
3. RESIDENCE OF FATHER (city, state) Athol, Idaho.

4. FULL NAME OF CHILD Orvie Franklin Burroughs
5. Date of Birth of Child (Month, day, year) Nov. 12th 1899
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Martin A. Burroughs.
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Caledonia. (City or town) Illinois (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice M. Anderson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Prarie Grove. (City or town) Arkansaw. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Flora Hornbeck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marvin A. Burroughs ..... Signature
Rathdrum, Idaho. ..... P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL) ..... Notary Public, residing at Rathdrum, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary Hazlett, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356-207003 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359921**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Ida

4. FULL NAME OF CHILD Annie Althea Lewis

5. Date of Birth of Child (Month, day, year) Aug. 7, 1899

6. Sex F. 7. Twin or Triplet none If so—born 1st, 2nd, 3rd x 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Alanson Lewis
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Coalville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Marley
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Laketown, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mrs. Fanny Stoddard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rachel Lewis Mitton Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of November, 19 42

(SEAL) Geo. H. Thompson Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 6 1942 by Mark L. Hodges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-228044-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359954
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Dale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Dale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Dale Ida.

4. FULL NAME OF CHILD Pleasant Ila Elliott

5. Date of Birth of Child (Month, day, year) Sept 28. 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jermiah Elliott
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Mary Elizabeth Davis
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Amy Smith (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie M Elliott Signature

P. O. Address

Subscribed and sworn to before me this 7 day of November, 19 42

(SEAL) Buck Martha Notary Public, residing at Eugene, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mary [illegible], Registrar.

My Commission expires July 1, 19[illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

.395 719 035-195

359973

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) - Same

4. FULL NAME OF CHILD Louis Henry Tiede

5. Date of Birth of Child (Month, day, year) Feb. 19, 1877

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Louis Tiede
11. Color or Race white
12. Age at time of THIS birth 58 yrs.
13. Birthplace Uchterhagen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Augusta Arndt
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Leschinker (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that mid wife (First name) unknown (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Jarrett Signature
Lewiston Idaho. P. O. Address

Subscribed and sworn to before me this 7 day of November, 1942.

(SEAL) Dudley C. Trubble Justice of the Peace ~~Notary Public~~, residing at Gifford Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel McCleary, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-112-008 391

United States
Department of Commerce
Bureau of the Census

NOV 10 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360045
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Ola Idaho

4. FULL NAME OF CHILD William Julis Gross

5. Date of Birth of Child (Month, day, year) June 12, 1899

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustav Adolph Gross
11. Color or Race white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Saxony (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Annie Cramer
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Kirbyville, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie (First name) Gross (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Helen Wells M.D. Midwife Address Caldwell, Idaho Date Nov. 6, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-213032959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360087
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida

4. FULL NAME OF CHILD Tressa Margaret Peck

5. Date of Birth of Child (Month, day, year) Oct. 13, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Warren Jackson Peck
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Battle Creek, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Marrietta Ivie
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Scipio, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Marietta Peck (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Margaret Peck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Peck Signature

Wolf Creek Oregon P. O. Address

Subscribed and sworn to before me this 10th day of November 1942

(SEAL) Mrs Elsie Meissner Notary Public, residing at Glendale Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES SEPT. 16, 1945

Received for filing on NOV 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-102033-136

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MADISON (b) City Rexburg
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Rexburg
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Edward Statham

5. Date of Birth of Child (Month, day, year) Mar 2 1899

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James E Statham
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Alway
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nil

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Placer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that I do Not Know (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George R Alway Signature
127 Willow Ave Roseville Calif Address

Subscribed and sworn to before me this 29th day of October, 1942

(SEAL) Carmelle Notary Public, residing at Roseville Placer Co. Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mark Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is~~ accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 126 036 515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360167
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frank Christensen

5. Date of Birth of Child (Month, day, year) July 26, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Niels Christensen
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Skive (City or town) Denmark (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Vanderwood
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Hannah Christensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Niels Christensen — Signature

Malad City, Ida. — P. O. Address

Subscribed and sworn to before me this 18th day of Oct, 1942

(SEAL) R. B. Jones — Notary Public, residing at Malad City Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91[illegible] Idaho Code Annotated.)

Received for filing on [illegible] 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-219036-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360206
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. Clifton
(d) Name of Hospital or Maternity Home: At home at Clifton
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. Ashton
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arleta Jane Cutler

5. Date of Birth of Child (Month, day, year) Oct. 19, 1899

6. Sex Fm. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Parley LeRoy Cutler
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Porritt
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Clifton Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Cutler (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Jane (First name) Howell (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Nelson Signature
416 West 2nd So. Brigham, Utah P. O. Address

Subscribed and sworn to before me this 27 day of October, 1942

(SEAL) Notary Public, residing at Brigham, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 28 1942 by Mark H. Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-716029-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360211
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Ida.

4. FULL NAME OF CHILD HENRY WASHINGTON BYERS

5. Date of Birth of Child (Month, day, year) June 16, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Byers
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Richland (City or town) Iowa (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Common Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Jane Lowe
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Richland (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that Lizia (First name) Byers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie J. Robertson Signature

Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 12 day of November 1942

(SEAL) J. H. Hanson Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mae Fredine, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-210007-954

United States
Department of Commerce
Bureau of the Census

NOV 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carolyn Amelia Bailey

5. Date of Birth of Child (Month, day, year) 12/10/1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Bailey
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Mount Pleasant Iowa (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Amelia Redsull
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Swiss Island Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that Mrs. Chas (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline A Bailey Signature

Hailey Idaho P. O. Address

Subscribed and sworn to before me this 14th day of November, 1942

(SEAL) Joseph N Gold Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Geldin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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115-209031-299

360325

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nesperce
(c) Street Address or R.F.D. No. R.7.N.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nesperce
(d) Street Address or R.F.D. No. R.7.N.
(e) How long has **MOTHER** lived in Idaho? 10 mo yrs.

3. RESIDENCE OF FATHER (city, state) Nesperce Ida

4. **FULL NAME OF CHILD** Alice Jamzen Gerstenkorn
5. Date of Birth of Child (Month, day, year) May 9 1899
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry K. Jamzen
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Justina Krisch
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Russia Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Kansas
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 43 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry K. Jamzen
Signature

Comm. expires July 6-1944

1809 S. Emporia Wichita Kans.
P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL)

J. Kellar Hinton
Notary Public, residing at Marion, Kans.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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459 230026-589

360353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mos. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Elise Miriam Merrill

5. Date of Birth of Child (Month, day, year) Nov. 30, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mark Ernest Merrill
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Bookeeper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine May Norris
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Martha (First name) Jones (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Irene Heil
Signature

3032 Santa Cruz Way, Sacramento, California
P.O. Address

Subscribed and sworn to before me this 12th day of November, 1942.

(SEAL) H. A. Mitchell
Notary Public, residing at Sacramento, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary L. Lefler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345 209 004-243

360419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360419
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Geneva
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dora Margaret Tueller

5. Date of Birth of Child (Month, day, year) 4-9-1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rudolph Tueller
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Suter
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Anna Bleacher (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rudolph Tueller Signature
502 Johnson St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 25th day of November, 1942

(SEAL) Jacob B. Smith Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mary E. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-230-076-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jennie Johnson

5. Date of Birth of Child (Month, day, year) March 30 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Johnson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hyde Park (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Sant
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Banida (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2. AM. on the date and at the place stated above, and that personal particulars were furnished by Eliza Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Hannah Mallinger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Sant Johnson Signature

Preston Ida. P. O. Address

Subscribed and sworn to before me this 20 day of Nov., 1942

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended May 8, 1951

4-15-130-036-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361666
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Oneida (b) City: Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Oneida
   (c) City: Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** JESSE LEAVON MANNING

5. Date of Birth of Child (Month, day, year) Oct. 30, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma T. Manning
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizebeth Winn
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Adamsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Manning (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Elizebeth Manning M.D. Midwife Address 10325 Avalon, Los Angeles Calif. Date M. 6, 1942

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Midwife (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Retta Wheeler Signature
Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 6th day of March, 19 42

(SEAL) George C. Stone, Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 30, 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361666

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Jessie Irvon Manning
5. Date of Birth (Month, day, year) 30 Oct. 1899
6. Sex F.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma T Manning
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizebeth Winn
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Adamsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mary E Manning (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Elizebeth Manning M.D. (D.O., Midwife, etc.)
and address Los Angeles Calif. 10325 Avalon Date Mar 1942

26. (a) NOV 30 1942 (Date received) (b) Mary Heller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rella Wheeler, being first duly sworn, say that I am acquainted (related to (or) acquainted with) Jessie Irvon Manning (Name of person on certificate above) as Friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bridges (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Rella Wheeler Signature
Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 6th day of March 1942

(SEAL) George E. Stone Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Diego } ss.

Certificate No. 361666
Date Filed Mar 6, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jessie Levon Manning (Name on Original Certificate) who Born (Was Born or Died) on Oct 30, 1899 (Date of Event)
in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	female	male
name	Jessie Levon	Jesse Leavon

Subscribed and sworn to before me this 25th day of April, 1951
Rosaline Veronica
Notary Public, residing at Ca Mesa Calif.
My commission expires April 18, 1954
(Seal)

Signed Mary Elizabeth Manning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
12072 A St Huntington Beach Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of April, 1951
Rosaline Veronica
Notary Public, residing at Ca Mesa Calif.
My commission expires April 18, 1954
(Seal)

Signed Mary Elizabeth Manning
(Signature of Any Credible Person)
12072 A St Huntington Beach Calif
(Street Address, City, State)

FORM DPH - 51117

265-125-075-086

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Gilbert,
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: In Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce,
(c) City Gilbert
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Roy Thomas Boehm,

5. Date of Birth of Child (Month, day, year) May 25, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edmond Boehm,
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace State of Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Bell Shoemaker,
17. Color or Race Whire
18. Age at time of THIS birth 34 yrs.
19. Birthplace Glascow, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 45 years, and that Dr. W.B. Reese, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earl G. Boehm Signature

AMBOY, WASH. P. O. Address

Subscribed and sworn to before me this 28th day of November, 1942

(SEAL) Martin Claus Notary Public, residing at Yacolt, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1942

DEC 8 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-204-036-295

361780

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Idaho

4. FULL NAME OF CHILD Rilda Binnington Parkinson

5. Date of Birth of Child (Month, day, year) May 4, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Smart Parkinson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming and Sheep Business
15. Industry or Business Farming and Sheep Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Alder Binnington ~~Parkinson~~
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 68 years of age, that I have known this person for 43 years, and that Mrs. [illegible] (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts [illegible] above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 13 [illegible] Laws.

Anna Binnington Jolley Signature
P. O. Address

[illegible] me this 10th day of November, 1942
[illegible] Notary Public, residing at San Bernardino, Calif.
(Note: [illegible] a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Comm[illegible] Oct. 13, 1945

Received [illegible] DEC 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

FEB 6 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-206-086-276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361892
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rigby
(c) Street Address or R.F.D. No. R.F.D. # 2
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 11 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rigby
(d) Street Address or R.F.D. No. R.F.D. # 2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Violet Melinda Barnes

5. Date of Birth of Child (Month, day, year) May 6-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Barnes.
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Monmouthshire (City or town) England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Stokes
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Holt (City or town) England. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive stillborn) at 11-5 a.M. on the date and at the place stated above, and that personal particulars were furnished by Robert (First name) Barnes (Last name) who is related to this child as Father. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 43 years, and that Anna (First name) Cole (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Barnes
Signature

Corvallis Oregon R.F.D. # 2
P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942

(SEAL) S. W. Jordan Notary Public, residing at Corvallis Ore.
my Com Exp 11/5/44

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-115-016-156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361927
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Francis Reuben Kemsley

5. Date of Birth of Child (Month, day, year) Sept 15 1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Reuben Kemsley
11. Color or Race white **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Bexley (City or town) Kent Co. (State or foreign country) England
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Jane Jewkes
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Fountain Green (City or town) San Pete Co. Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rebecca (First name) Jane Kemsley (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature X Persis Horn M.D. Midwife Address Sublett Cassia Co. Date Nov 28 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

95-201-044-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Wieser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Wieser, Idaho

4. FULL NAME OF CHILD Ruby Adeline Reinninger

5. Date of Birth of Child (Month, day, year) July 1, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher Reinninger
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Corvallis (City or town) Oregon (State or foreign country)
14. Exact Occupation Sheep Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phebe Jane Kelly
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Wieser (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Dr. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe Jane Reinnger Signature
1004 E. Liberty St. Wieser, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of October, 1942
(SEAL) Flem Hanson Notary Public, residing at Weiser, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

499-131-022-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 14 1942

State File No. 362121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No. Driggs, Idaho
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Elwood W. Driggs

5. Date of Birth of Child (Month, day, year) January 31, 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Don Carlos Driggs
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming, Cattle Raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Robinson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Lillian Milligan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May J. R. Driggs Signature
463 Kimball Mesa Arizona P. O. Address

Subscribed and sworn to before me this 12th day of December 1942

(SEAL) Anna Lou Antrim Notary Public, residing at 1534 W. Willetta Phoenix, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 14 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DEC 1 1965

APR 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-230-204-494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362136
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Wardboro,
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Wardboro,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Wardboro, Idaho

4. FULL NAME OF CHILD Violet May Dalrymple

5. Date of Birth of Child (Month, day, year) 9/30/1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marlon C. Dalrymple
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Paris, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Dimick
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bloomington, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that I know of.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all her life years, and that Mrs. C. Bridges (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel D Dalrymple — Signature
Montpelier, Idaho, — P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942

(SEAL) Chas E Parris — Notary Public, residing at Montpelier, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the chlld, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-123-035-412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363342
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none, at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Arthur Goble

5. Date of Birth of Child (Month, day, year) April 23, 1899

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? 1899

FATHER OF CHILD

10. **FULL NAME** Luther Benjamin Goble
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Roseburg (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Etta La Master
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace McMinnville (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mrs. Goble had 2nd child of this marriage, had child of previous marriage
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Laura E. Goble (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Luther Benjamin Goble Signature

La Center, Wash R 1 P. O. Address

Subscribed and sworn to before me this 11 day of December, 1942

(SEAL) M. Hiss Notary Public, residing at La Center, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-120-001-652

363368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363368
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 7 years 6 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City near Boise
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? life yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Ivan Lee Packenham

5. Date of Birth of Child (Month, day, year) Feb 18 99. Jan 20

6. Sex male 7. Twin or Triplet Single If so, born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chester H. Packenham
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Clarinda (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive West Packenham
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chester H Packenham ..... Signature

Boise Idaho ..... P. O. Address

Subscribed and sworn to before me this 28th day of December, 19 42

(SEAL) Franklin B Smith ..... Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Term Exp 9/19/46

Received for filing on DEC 28 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-107-001-545

363371

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363371
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME OF CHILD Charles Clinton Zincker

5. Date of Birth of Child (Month, day, year) August 7, 1899

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Westley Zincker
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Vaston (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emmaline Emerson
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Newburg (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 17 years of age, that I have known this person for 42 years, and that Dr. Koehler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Baker Signature
801 N. 31st St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942

(SEAL) M. A. Hobler Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-213-022-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363423
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lyman
(c) ~~Street Address or~~ R.F.D. No. THORNTON #1.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lyman,
(d) ~~Street Address or~~ R.F.D. No. Thornton #1.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Lyman, Idaho.

4. FULL NAME OF CHILD Althea Ann Briggs

5. Date of Birth of Child (Month, day, year) Jan. 13, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Luke Briggs
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Tupton, Derbyshire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Galbraith
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Smithfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 43 years, and that Charlotte Gilchrist (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Margaret Ann Briggs Signature
438 W. 2nd Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of Dec 1942

(SEAL) N. L. Shattuck Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mark Hulse, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

532-203 044-156

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363437

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Salubria

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington

(c) City Salubria

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Sa lubria, Ida

4. FULL NAME OF CHILD Mabel Allegra Eckles

5. Date of Birth of Child (Month, day, year) Sept. 3, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Eckles

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace LaHarpe, Illinois (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Grace Jewell

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Salubria, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Dr. (First name) Greene (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Eckles Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of December, 19 42

(SEAL) Arthur Wilson Notary Public, residing at Cambridge Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel Weller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-117087-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 869086
Local Reg. No. 157
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Hailey
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Thomas Ernest Sherry

5. Date of Birth of Child (Month, day, year) June 17, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Cornelius Sherry
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Guernsey Island (City or town) England (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Domestic

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Cornelia Cooper
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Kate Cornelia Sherry Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of December, 1942

(SEAL) Nila Ehrff Notary Public, residing at 1730 N. W. - 23rd.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-14-1942 by Robert H. Wright, Registrar.

DEC 24 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-201-044-693

363469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Paddock Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Her Aunts House
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ten years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser

4. FULL NAME OF CHILD Mabel Calperma Shearer,

5. Date of Birth of Child (Month, day, year) 8-1-99

6. Sex Fe **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Lew Shearer,
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Littlesue (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Willburn
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Winnemuca (City or town) Nevada (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Mabel Calperma Shearer, (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Elizabet Willburn Shearer
Signature

Weiser Idaho,
P. O. Address

Subscribed and sworn to before me this 24th, day of December, 19 42.

(SEAL) [illegible] Notary Public, residing at Weiser Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-130-031-257

363491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Lee Henry Chandler

5. Date of Birth of Child (Month, day, year) Jan. 30, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Chandler
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Cambridge, Iowa, (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hallie M. Beach
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business now deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for since birth years, and that Mrs Luey Adams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Chandler Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of December, 19 42

(SEAL) D. Vernell Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-107014-955

363555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Reeds Ranch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Reeds Ranch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elmer Samuel Reed

5. Date of Birth of Child (Month, day, year) Jan 7 1899

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** Alfred Wilson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Not Known (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Elsie Reed
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Reeds Ranch (City or town) Idaho (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 44 years, and that Myrtle Elsie Reed Bryan (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle E Bryan Signature

P. O. Address

Subscribed and sworn to before me this 2 6th day of December 6, 1943

(SEAL) Ann E Clark Notary Public, residing at Emmett Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Jan. 5 1943

Received for filing on JAN 4 1943 by Mary E Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-121036-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Edward Evans Jones

5. Date of Birth of Child (Month, day, year) Sept. 21, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Evan William Jones
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Evans
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that J. (First name) M. Kerns (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evan William Jones Signature

Malad, Idaho RFD 1 P. O. Address

Subscribed and sworn to before me this 26th day of December, 1942

(SEAL) Edward Woozley Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mary E. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-208-022-431

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Chester Mrs. D. E. Howard home
(e) Mother's stay **BEFORE** delivery: 2 months
IN THIS county 11 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Ashford

4. FULL NAME OF CHILD Blanch Howard 1899

5. Date of Birth of Child (Month, day, year) Nov. 8th

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Orlando Howard
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Mc=Arthur
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation House wife farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
~~**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna M. Howard (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Geralda Godfrey. Midwife Address Twin Groves Date 1899

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Blanch. Howard (First name) (Last name) who attended this birth Geralda. Godfrey (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. D. E. Howard Signature
23 No. 2nd E. Rexburg Ida P. O. Address

Subscribed and sworn to before me this 30th day of Dec 1942

(SEAL) Dave Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Nielson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1963

JAN 6 1943

APR 26 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-116 040 816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363662
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home 1 mile west of Wallace
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Ida

4. FULL NAME OF CHILD David Earl Trowbridge

5. Date of Birth of Child (Month, day, year) Dec. 16, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carloss Trowbridge
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Brickmaker
15. Industry or Business Brickmaker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Belle Hawley
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Dr. Genoway (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cora Shrull Signature
Post Office Box 784, Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1942.

(SEAL) H. Kenaci Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mark Fitzpatrick, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-201025-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Belle Sophia Schmadeka

5. Date of Birth of Child (Month, day, year) Feb. 1, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Simmons Schmadeka
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Leeper Cook
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Henry County, (City or town) Iowa. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Ellen Cook (Last name), who is related to this child as Grand Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Garfield } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Martha (First name) Ellen Cook (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Humphrey Signature

318 Maple St. Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 31st day of December, 1942

(SEAL) Louis Schmadeka Notary Public, residing at Clarkston, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mark Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343 109040-294 363769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363769
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullen
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: unknown
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County —
(c) City Mullen
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Mullen, Idaho

4. FULL NAME OF CHILD George Alfred Lucas

5. Date of Birth of Child (Month, day, year) Dec. 9, 1899

6. Sex Male

7. Twin or Triplet — If so—born (1st) 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matthew Lucas
11. Color or Race White
12. Age at time of THIS birth 16 yrs.
13. Birthplace (City or town) (State or foreign country) Austria
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Krusich
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) (State or foreign country) Austria
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Cochise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 38 years, and that unknown (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Josephine Johnson Signature

Box 2167 Douglas, Arizona P. O. Address

Subscribed and sworn to before me this 9th day of January, 1943.

(SEAL) M. E. McKinn, Deputy Clerk Supreme Court Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-43 by Mabel E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 127040-399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363794
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Soshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida

4. FULL NAME OF CHILD ALBERT BARTLETT CARVER

5. Date of Birth of Child (Month, day, year) Feb. 27, 1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Elmer Carver
11. Color or Race White **12.** Age at time of THIS birth 26 yrs. 4 mo
13. Birthplace Stevens Point, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Retail merchant
15. Industry or Business General store

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Frances Trigg
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Seattle, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington, County of Yakima, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that the person (First name) (Last name), who attended this birth is unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Elizabeth Carver Signature
302 No. 6th Str., Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943.
(SEAL) Harriet M. Taylor Notary Public, residing at Yakima, Wash.
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Maud Kelly, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 103 003 629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 417 So. Arthur Ave
(d) Name of Hospital or Maternity Home: At home - attended by Dr. and nurse
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 417 So. Arthur Ave
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD John Arthur Toombs

5. Date of Birth of Child (Month, day, year) March 3, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Alexander Toombs
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Burlington, Iowa (City or town) (State of foreign country)
14. Exact Occupation O. S. L. Conductor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Ann O'Brien
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Carlow, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that W. A. (First name) Castle (Last name) (M.D.) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Kate Toombs — Signature

354 So. Arthur - Pocatello, Ida. — P. O. Address

Subscribed and sworn to before me this 5 day of January, 1943

(SEAL) Katherine Toombs — Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363-226-003-552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364139
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Banick (b) City McCammon
(c) Street Address or R.F.D. No. McCammon
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Banick
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, I

4. FULL NAME OF CHILD Ilia Fay Lockyer

5. Date of Birth of Child (Month, day, year) July 26, 1899 1899

6. Sex female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Jess Lockyer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Logan, (City or town) Utah (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business H. O. Harkness Feed Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elizabeth Nesser
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Providence, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. (First name) Stoddard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma E. Lockyer Signature
5983 Greenfield Ave, Riverside, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of January, 19 43

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

G. A. PEQUEGNAT
COUNTY CLERK and Ex-Officio CLERK of the SUPERIOR COURT in and for Riverside County, State of California
By ..... Deputy

Received for filing on JAN 19 1943 By Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-22-6016-539

365297

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Marion
(c) Street Address or R.F.D. No.: — —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 22 years 1 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Marion
(d) Street Address or R.F.D. No.: — — —
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Inez Louvelle Tolman

5. Date of Birth of Child (Month, day, year): Sept. 26 - 1899

6. Sex: Female

7. Twin or Triplet: — — If so—born 1st, 2nd, 3rd: — —

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** William Byrne Tolman
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: — —

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Amanda Elison
17. Color or Race: White
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: — —

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 64 years of age, that I have known this person for 42 years, and that Wilda McBride (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda E. Tolman — Signature
6509 Flora Ave Bell Calif. — P. O. Address

My Commission Expires Oct. 26th 1944

Subscribed and sworn to before me this 18th day of January, 194[illegible]

(SEAL) ..... Notary Public, residing at Bell California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-219001-154

365361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365361
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1709 N 13 St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1709 N 13 St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Wilson, Adonis Grant

5. Date of Birth of Child (Month, day, year) Sept. 19 1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilson, James W
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Keith Banffshire Scotland (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anderson Ada
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Osborne (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife - clerk
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 years, and that Dr. Louis C. Bowers (First name) (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie A. Roberts Signature

1317 N 10 St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1943

(SEAL) Ina E. High Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Maud Hagler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

FEB 9 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-221001-915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

365388 365388
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 13th Lemp
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 13th Lemp
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Gladys Katherine Hallford

5. Date of Birth of Child (Month, day, year) Dec. 21 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gilbert Newton Hallford
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Tiffin (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ranft
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Ada, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Dr. (First name) Bowers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Elster. Signature

2309 N. 20th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 42

(SEAL) Clara L McFarlane Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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962-125022.693

365482

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ririe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county about years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Jackson Hole (b) County Teton
(c) City Jackson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. RESIDENCE OF FATHER (city, state) Wyoming

4. FULL NAME OF CHILD Sylvester William Robertson

5. Date of Birth of Child (Month, day, year) Feb 25 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James M. Robertson
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Illinois USA (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Ann Wilson
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Utah U.S.A (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43 years, and that Ox (First name) Crosby (Last name), who attended this birth He now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James M. Robertson Jr. Signature
Jackson Wyoming P. O. Address

My Commission Expires Oct. 26, 1946

Subscribed and sworn to before me this 27th day of January 1943

(SEAL) E. N. Moseley Notary Public, residing at Jackson, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mark Hetherington, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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799-107 003-418

365505

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 135 N. 8th Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 135 N. 8th Ave.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Myron Reed Griffith

5. Date of Birth of Child (Month, day, year) Oct. 7, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Griffith
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Tuscarawas, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Nora Mayers
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Dayton (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 43 years, and that Dr. James H. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Nora Griffith x Signature
R.F.D. #1 No., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 43
(SEAL) [signature] Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213 206 031 233

United States
Department of Commerce
Bureau of the Census

FEB 1 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365556
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home:
Born on Prairie homestead
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 4 mile East of town
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce

4. FULL NAME OF CHILD Rosaila Mary Baldus

5. Date of Birth of Child (Month, day, year) Feb 6 - 1899

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Karl Baldus

11. Color or Race white

12. Age at time of THIS birth 45 yrs.

13. Birthplace Eisen (City or town) somewhere in Germany (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elisabeth Stum

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Germany (City or town) Germany (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ witnessed the birth of this child, who was alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Norbert Baldus (First name) (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature Norbert Baldus ~~M.D.~~ ~~Midwife~~ Address 1063 Pacific ave Long Beach Calif Date 12-26-42

State of Calif
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43+ years, and that Karl (First name) Baldus (Last name) (Father), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true ~~to the best of my knowledge~~, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Norbert Baldus — Signature
1063 Pacific ave — P. O. Address

Subscribed and sworn to before me this 30 day of January, 1943.

(SEAL) Norbert Baldus — Notary Public, residing at Downey, Calif.
(Note: Perjury is punishable as a felony under the provisions of Section 17-914, Idaho Code Annotated.)

NOTARY PUBLIC in and for the County of Los Angeles, State of California. My Commission Expires May 26, 1946

Received for filing on ..... by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 88, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-206044-747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Ada (b) City: Helena Idaho
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER: (Always fill in these)**
(a) State: Oregon (b) County:
(c) City: Richland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address: deceased
3. **RESIDENCE OF FATHER** (city, state): deceased

4. **FULL NAME OF CHILD:** Helena Adelia Cole
5. Date of Birth (Month, day, year): Aug. 6 1899
6. Sex: Girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Horace G. Cole
11. Color or Race: White
12. Age at time of THIS birth: 22 yrs.
13. Birthplace: Auburn (City or town) Oregon (State or foreign country)
14. Exact Occupation: Miner
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Josephina Abigail Augustus
17. Color or Race: white
18. Age at time of THIS birth: 21 years
19. Birthplace: Richland (City or town) Oregon (State or foreign country)
20. Exact Occupation: wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (Date received) FEB 5 1943 (Registrar's signature) Mabel F. Edgar
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho,
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carmeda Moore, being first duly sworn, say that I am Aunt to Helena (Related to (or) acquainted with) Adelia Cole (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that do not know (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carmeda Moore ..... Name
Wilde Horse ..... P. O. Address

Subscribed and sworn to before me on this 15th, day of October

(SEAL) ..... Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-224029 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. North Main Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. North Main Street
(e) How long has **MOTHER** lived in Idaho? 1895-1917 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Melba Frances Sanders

5. Date of Birth of Child (Month, day, year) Nov. 24, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Colden Browning Sanders
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sallie Porter Dickson
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Moberly (State or foreign country) Missouri
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's ~~OWN~~ signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that W. N. Carothers (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Glenn L. Sanders Signature
Moscow P. O. Address

Subscribed and sworn to before me this 5 day of Jan, 1943

(SEAL) Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813 204 003814

365690

365690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Rosa Elizabeth Hale

5. Date of Birth of Child (Month, day, year) 4 Jan. 1899

6. Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy Reg.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Franklin George Hale
11. Color or Race Wh.
12. Age at time of THIS birth 21 yrs.
13. Birthplace Grantsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Elizabeth Hammond
17. Color or Race Wh.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Providence, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

Mrs. Ellen Victoria Hale - deceased -

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mrs. Ellen Victoria Hale (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin G. Hale Signature

25 S. 1st West - Logan, Utah P. O. Address

Subscribed and sworn to before me this 3 day of February, 1943.

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-223030-713

365762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Private home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Carmen, Ida.

4. FULL NAME OF CHILD Frances Sarah Benedict

5. Date of Birth of Child (Month, day, year) Jan. 23, 1899

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Richard Benedict
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Winnebago Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Cattle raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Palmer
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Mineral Ridge, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Husband E. R. Benedict (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Benedict Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 19 43
(SEAL) Mary V. Elder Notary Public, residing at Leadore Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary V. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

DELAYED REGISTRATION LAW

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419-105029-169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365795
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Albert Otto Martinson

5. Date of Birth of Child (Month, day, year) Feb 5- 1899

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Martinson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hamer (City or town) Norway (State or foreign country)
14. Exact Occupation Saw Mill Worker, Farmer
15. Industry or Business Lumber Industry-Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jorgenson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Oslo (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for all his life years, and that Mrs Swanson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Martinson Signature
Snoqualmie Washington P. O. Address

Subscribed and sworn to before me this 3rd day of Feb, 19 43

(SEAL) Otto Reiny Notary Public, residing at Snoqualmie
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Maud F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168 718029-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365881
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. ~~North Hayes St.~~
(d) Name of Hospital or Maternity Home: 1114 E. D ST.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 5 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~13~~ 56 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Lawrence Carrol Johnson

5. Date of Birth of Child (Month, day, year) Nov. 18, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Christian Johnson
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Wasica County (City or town) Minnesota (State or foreign country)
14. Exact Occupation Mechanical & Steam Engineer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Larsen
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Nordfordeid (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr. (First name) Caruthers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lottie Johnson Signature

1114 East D. St Moscow Idaho P. O. Address

Subscribed ~~and sworn~~ to before me this 19 day of February, 1943

(SEAL) Martin L. Buckley Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1943 by Mary E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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515-38-0294-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365936
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Mildred Ann VanNostran

5. Date of Birth of Child (Month, day, year) Jan. 18, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Lincoln VanNostran
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Akron, (City or town) Ohio (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Ann Hutchinson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Madison, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that unknown (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Ann (Van Nostran) McFarland
Signature

1219 North 48th, Seattle, Wash.
P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943

(SEAL) J. Helder
Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mabel F. Zeller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265729004867

367259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 367259

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367259
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state Montpelier, Id

4. FULL NAME OF CHILD Marriner Swensen

5. Date of Birth of Child (Month, day, year) April 29, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ole Swensen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Glitre (City or town) Norway (State or foreign country)
14. Exact Occupation Painter & Paperhanger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Hogensen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Francis Elizabeth Bridges (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Hogensen Swensen Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of March, 1943

(SEAL) Chas E Karrer Notary Public, residing at Montpelier Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary E Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 104 029 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367342
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Cecil Darby Childers

5. Date of Birth of Child (Month, day, year) 1-4-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Grant Ashby Childers
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Champoeg (City or town) Oregon (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Elizabeth Darby
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Colfax (City or town) Cuba (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Elizabeth Patterson Signature
6454 NE 35 Place Portland Ore P. O. Address

Subscribed and sworn to before me this 11th day of Feb 1943
J H Van Meter
NOTARY PUBLIC FOR OREGON
(SEAL) MY COMMISSION EXPIRES JULY 1, 1946 Notary Public, residing at 6224 N Ellison Pd
(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary F. Edgar Portland Ore., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-111029-613

367364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? / yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Ray Jack Barnett

5. Date of Birth of Child (Month, day, year) Oct 11 1[illegible]

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank George Barnett
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Three Oaks Michigan (City or town) (State or foreign country)
14. Exact Occupation lumberman
15. Industry or Business saw mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth May Watson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Moscow Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by MRS E.T. JUVENAL (First name) (Last name), who is related to this child as AUNT (Mother, etc.)

25. Attendant's OWN signature Mrs E T Juvenal M.D. Midwife Address 304 E SUMACH. WALLA WALLA WASH Date 2-9-43

State of Wash
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that DR CHARLES GRITMAN (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs E T Juvenal Signature
304 E Sumach St Walla Walla P. O. Address

Subscribed and sworn to before me this 9 day of February, 1943

(SEAL) James C Wright Notary Public, residing at Walla Walla Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1943 by Maud E Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-123 004 264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367394
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Bloomington

4. FULL NAME OF CHILD Gordon Phillip Nelson

5. Date of Birth of Child (Month, day, year) Dec. 23, 1899

6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8th 8. No. months of Pregnancy Reg 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Nels Christian Nelson
11. Color or Race Wh. 12. Age at time of THIS birth 37 yrs.
13. Birthplace Goshen (City or town), Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Doubly
17. Color or Race Wh. 18. Age at time of THIS birth 33 yrs.
19. Birthplace Northumberland (City or town), England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs. N. C. Nelson, Sr. - Midwife M.D. Midwife Address Date

State of Idaho
County of Fem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Mrs. N. C. Nelson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Warren T. Nelson Signature
Route 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of Feb., 1943
(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1943 by Maud Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-215 036 862

367401

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Myrtle Anne Parkinson

5. Date of Birth of Child (Month, day, year) 9-15-1899

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Chandler Parkinson
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace St Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Business & Farmer
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Hobbs
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Cheltenham (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Mrs Lewis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Bernice R. Parkinson Signature

Franklin Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 1943

(SEAL) S. J. Handy Notary Public, residing at Franklin Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mavel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 367407

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lenore
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ethel Elva Schwartz

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov. 9, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Schwartz	18. Full maiden name Nora Alice Hill
10. Residence (usual place of abode) (If non-resident, give place and State) Lenore, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Lenore Idaho
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) St. Genevieve, (State or Country) St. Genevieve Co. Mo.	22. Birthplace (city or place) Floris, Davis County (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work twenty yrs.	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead none Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed ....., 193.... MAR 2 - 1943

Mark Hedden
Registrar.

DELAYED

238-109-035-233

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nora A. Schwartz being first duly sworn says that she is the mother (Relationship of child)* of Ethel Elva Schwartz born November 9, 1899 (Date of birth) at Lenore, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ethel Elva Schwartz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Deborah Hill ~~XXXX~~ Midwife was the medical attendant at the birth of said Ethel Elva Schwartz and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Nora A Schwartz

P. O. Address 1581 Yosemite Dr., Los Angeles, California

Subscribed and sworn to before me this 25th day of February, 1943

Marguerite Stacy
Notary Public.

Residing at Alhambra California, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

154 214040154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367456
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edith Sophia Wilhelmina Anderson

5. Date of Birth of Child (Month, day, year) March 14, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Anderson
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Kantlax (City or town) Finland (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Anderson
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Pensala (City or town) Finland (State or foreign country)
20. Exact Occupation Waitress.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Dr. (First name) Jenoway (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Anderson Signature
R.1. Valleyford Wash. P. O. Address

Subscribed and sworn to before me this 19th day of February, 1943

(SEAL) Notary Public Residing at MULLAN, IDAHO
Notary Public, residing at
My Commission Expires March 19, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-218006-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367471
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City BLACKFOOT
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** NOLDA FAY JOHNSON

5. Date of Birth of Child (Month, day, year) March 18, 1899

6. Sex FEMALE

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** EDWIN A. JOHNSON
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace Moselle (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELDORADO MCDANIELS
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace MOSELLE, MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Butte } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Doctor and Midwife (First name) (Last name), who attended this birth ##### are deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Josephine Georgi Signature
Arco, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of March, 1943

(SEAL) [illegible], Notary Public, residing at Arco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 - 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-171-006-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rockford
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 11 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rockford
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Rockford, Ida.

4. FULL NAME OF CHILD Raymond Andrew West

5. Date of Birth of Child (Month, day, year) Sept. 21, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raymond William West
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Anderson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Nevada
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 43 years, and that Marion Crawford (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Anderson West ..... Signature
Overton Nev. ..... P. O. Address

Subscribed and sworn to before me this 17th day of February 1943

(SEAL) T. W. Briggs ..... Notary Public, residing at Overton Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1943 by Maud E. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

945-208 029-035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EVELENA RUNYAN

5. Date of Birth of Child (Month, day, year) MAY 8th 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES WESLEY RUNYAN
11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.
13. Birthplace STORY COUNTY, IOWA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA MAY STEPHENSON
17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace KEOKUK COUNTY, IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all her life years, and that Dr. Watkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Runyan Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1943

(SEAL) H. Brooke Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1943 by Mary E. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-210-014-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367545
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City near Payette
   (c) Street Address or R.F.D. No. —
   (d) Name of ~~Hospital~~ or Maternity Home: Giesler home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City near Payette
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? Sixteen yrs.

3. **RESIDENCE OF FATHER** (city, state) near Payette, Idaho.

4. **FULL NAME OF CHILD** Cecile Claire Giesler

5. Date of Birth of Child (Month, day, year) December 10-1899

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cooper Giesler
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Terra Haute (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella M. Kern
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace near Portland (City or town), Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ella M. Giesler (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Mrs. Cordelia Guild (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Mc Kern Giesler Signature
Box 90 Fruitland, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1943.

(SEAL) W. R. McClure, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1943 by Mary H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-214-022-693

367554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Margaret Jane Watson

5. Date of Birth of Child (Month, day, year) Aug 14, 1899.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Abiff Watson
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Salt Lkae City Utah (City or town) (State or foreign country)
14. Exact Occupation Laberor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Jane Wildman
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Asphead (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43 years, and that Mrs. Waltz (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Chambers Signature

.....P. O. Address

Subscribed and sworn to before me this 2 day of March, 1943.

(SEAL) Geo H Nelson Notary Public, residing at Smithfield, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1943 by Mary F Elder Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-101-029-869

367587

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida

4. FULL NAME OF CHILD James Algier Hill

5. Date of Birth of Child (Month, day, year) Jan. 1, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Elmer Hill
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Kendrick, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Van Horn
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mrs. Kelly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs George Hill
Signature

Rt. 3, Spokane, Wash.
P. O. Address

Subscribed and sworn to before me this 4th day of March, 1943

(SEAL)

Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Maud Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-126-032-444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367737
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Idaho

4. FULL NAME OF CHILD Miles Albert Weech

5. Date of Birth of Child (Month, day, year) April 26, 1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Joesph Samuel Weech
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Utah (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Jane Dudley
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the HUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that ~~THOS.~~ I WAS PRESENT (First name) (Last name), who attended this birth NO DR. OR NURSE PRESENT (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Gorrley Signature
Hagerman - Idaho P. O. Address

Subscribed and sworn to before me this 14 day of September, 1942

(SEAL) Alta Rogers Notary Public, residing at Hagerman Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-106-020-664

367796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles ~~Byron~~ Walter Ross

5. Date of Birth of Child (Month, day, year) Nov. 6 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Fremont Ross
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Madison (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Eldora Fountain
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

~~23. Number of children of this mother~~: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 44 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zella L. Wilcox Signature
Wendell, Idaho, P. O. Address

Subscribed and sworn to before me this 9th day of March, 1943

(SEAL) G. D. McQuiney Notary Public, residing at Wendell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Maud F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-125-006-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367804
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City BASALT
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 4 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ~~[illegible]~~ Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~[illegible]~~ 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) BASALT, Idaho

4. **FULL NAME OF CHILD** ANTON VERNER STYHL

5. Date of Birth of Child (Month, day, year) 12-25-1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred STyhl
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Westergotland Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Wilhelmina Peterson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Manson (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother: (a) At time of birth and including this child~~ 3 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that ~~Mrs~~ Jake (First name) Hutchinen (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

SELMA WILHELMINA STYHL Signature

Firth Idaho Box 102 P. O. Address

Subscribed and sworn to before me this 6th day of March, 1943

(SEAL) Jesse S. Jenkins Notary Public, residing at Firth Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-228-035-295

367808

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City NEZ PERCE
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: RANCH HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City NEZ PERCE
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) NEZ PERCE IDA

4. **FULL NAME OF CHILD** FRANCES MARY Fuchs

5. Date of Birth of Child (Month, day, year) 3-28-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY Fuchs
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace WEINSHEIM (City or town) GERMANY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA KINZER
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace HILLSBORO (City or town) ILLIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DONT KNOW

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 2.35 P M. on the date and at the place stated above, and that personal particulars were furnished by HENRY (First name) Fuchs (Last name), who is related as HUSBAND + FATHER (Mother, etc.)

25. Attendant's **OWN** signature Henry Fuchs M.D. Midwife Address NEZ PERCE Date 3-28-1899

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing: Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-223-029-154

367812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Ruth Konstantia Anderson

5. Date of Birth of Child (Month, day, year) Dec 23, 1899

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Olof Gustav Anderson
11. Color or Race Caucasian **12.** Age at time of THIS birth yrs.
13. Birthplace Osaka (City or town) Sweden (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Beata Anderson
17. Color or Race Caucasian **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Osaka (City or town) Sweden (State or foreign country)
20. Exact Occupation housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 7.30 p.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Swanson (First name) (Last name) who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature Mrs Joseph Carroll M.D. Midwife Address Lewiston Date 30 may

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Paul F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

566-110-040-191

367815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Shoshone (b) City: Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Shoshone
   (c) City: Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Ida.

4. **FULL NAME OF CHILD** Charles Allen Voorhies

5. Date of Birth of Child (Month, day, year) Aug. 10, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Allen Voorhies
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace LaGrande, Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susannah Dray
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Sussex Co. England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Sanders } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Dr. Keyes (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Susannah Voorhies Signature

Hot Springs P. O. Address

Subscribed and sworn to before me this 12th day of March, 19 43.

(SEAL) Mary Smith, Notary Public, residing at Hot Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires 3/13/43

Received for filing on MAR 17 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-209-014-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367891
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 416-12 ave. S
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ✓ Days
In THIS county 3 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 416 12 ave. S
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice): ✓
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Catherine Joyner
5. DATE OF BIRTH (Month, day, year) Nov. 9 1899
6. Sex Female
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Kenyon Conrad Joyner
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace ~~Co Tazewell Co. Pen~~ Tazewell Co. Virginia (City or Town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Pulliam
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum sol argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Kenyon C. Joyner (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature J. H. Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date Mar 12 1943

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 1 3 1943

1 2 1948

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

993-122-029-813

367900

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Samuel Lewis Richards

5. Date of Birth of Child (Month, day, year) Nov. 22-1899

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Richards
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace Wales (City or town) – G. Britain (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice Hall.
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace Oshkosh (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 43 years, and that Myrtle Thompson (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Musser Signature
E340 Broad Spokane Wash. P. O. Address

Subscribed and sworn to before me this 6 day of March, 1943
(SEAL) George Ernest Brown Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344 227 035 279

367928

United States
Department of Commerce
Bureau of the Census

MAR 20 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Peck, Idaho

4. FULL NAME OF CHILD Bessie Rosa Tumelson

5. Date of Birth of Child (Month, day, year) 12-27-1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Emil Tumelson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Emma Springston
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one ~~none~~ (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that Daisy Dykes (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jesse E. Tumelson — Signature
Peck, Idaho — P. O. Address

Subscribed and sworn to before me this 16 day of March, 1943
(SEAL) Philip Gengenbach — Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mary E. Edson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-227-036-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369033
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Mink Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Mink Creek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ELVERTA WESTERBERG

5. Date of Birth of Child (Month, day, year) Nov 27 1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Axel Westerberg
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace ~~Mink Creek~~ ~~Idaho~~ Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie C Petersen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 63 years of age, that I have known this person for 43 years, and that (unknown) (First name) Fink (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Westerberg Signature

P. O. Address

Subscribed and sworn to before me this 16 day of March, 1943

(SEAL) Aaron Parr, Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Maurl F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-116-018-343

United States
Department of Commerce
Bureau of the Census

MAR 24 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369120
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Weippe
   (c) Street Address or R.F.D. No. No
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 year, 9 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Weippe
   (d) Street Address or R.F.D. No. No
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Alberto Christopher Campbell

5. Date of Birth of Child (Month, day, year) Apr. 16, 1899

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis B. Campbell
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace State of Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie E. Entler
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace State of Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Mrs. Stewart (First name) (Last name), who attended this birth Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie E. Campbell Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 22 day of Mar., 1943

(SEAL) John R. Phillips, Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-123-014-863

369207

369207

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Canyon (b) City: Nampa, Rural
   (c) Street Address or R.F.D. No.: four miles west Nampa
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: Not available
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Canyon
   (c) City: Nampa - Rural
   (d) Street Address or R.F.D. No.: 4 mi. west of Nampa
   (e) How long has **MOTHER** lived in Idaho? seven yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Curtis Edwin Herrington

5. Date of Birth of Child (Month, day, year) Nov. 23, 1899

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Herrington
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: St. Louis (City or town) - Rural (State or foreign country) Missouri
14. Exact Occupation: Farmer
15. Industry or Business: Stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie ~~Miriam~~ Alberta Holcomb
17. Color or Race: White
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: Susanville, (City or town) California (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Unknown (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert S. Holcombe
Signature

1212 Bannock Street, Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 20th day of April, 1943.

(SEAL) [illegible], Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1899-202579

266-208-007-499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369242
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 2 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eva Bourgeois

5. Date of Birth of Child (Month, day, year) Feb. 8, 1899

6. Sex Femal

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Samuel Albert Bourgeois
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Centerville (City or town) Idaho (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Transfer Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie May Mizer
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Oswego (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 44 years, and that Dr. (First name) Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. J. Myers — Signature
Hailey, Idaho, — P. O. Address

Subscribed and sworn to before me this 24 day of March, 1943.

(SEAL) R. N. McCoy, Notary Public, residing at Hailey, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1943 by Maurel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-202-030-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369256
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 8 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD Fern Hazel Durkee

5. Date of Birth of Child (Month, day, year) Jan. 2, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren L. Durkee
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Yarmouth (City or town) Nova Scotia (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Gold mining (for self)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez A. Kenney
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Josephine E. Kenney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ines A. Holbrook
Signature

1155 So. 13th St., Salem, Oregon
P. O. Address

Subscribed and sworn to before me this 24 day of March, 1943

(SEAL) R. G. Hay
My commission expires April 6, 1943
Notary Public, residing at Salem Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-209-003-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369280
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Arthur Ave.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD PHOEBE LUCILE GODDARD

5. Date of Birth of Child (Month, day, year) June 9, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Goddard
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Foreman O.S.L. Railroad Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucinda Matilda Lund
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Plain City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss. X

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 43 years, and that Bean (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Goddard Signature

329 So. 8th. Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 24th. day of March, 1943

(SEAL) Theodore A. Gathe Jr. Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-206-006-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369283
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham, (b) City Blackfoot,
(c) Street Address or R.F.D. No. End of Stout Ave.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham,
(c) City Blackfoot,
(d) Street Address or R.F.D. No. End of Stout Ave.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Blackft. Ida

4. FULL NAME OF CHILD Edna Viola Barker

5. Date of Birth of Child (Month, day, year) December 6, 1899

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Charles Barker
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Teorn, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Elnora Parks
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Big Creek, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Doctor (First name) Cooper (Last name), who attended this birth deceased (Is not deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johnnie Jones Signature

116 N. E. Main Street, Blackfoot, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of March, 1943

(SEAL) By Gregory Jones Notary Public, residing at Blackfoot, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary F. Eldridge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each carbon copy requires an advance payment of fifty cents, money order or coin.

614-203-040-689

State File No. 369541

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO 369541

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Grandmother's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Silver Bow
(c) City Butte
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Butte, Mont.

4. FULL NAME OF CHILD Usona Emma Haid

5. Date of Birth of Child (Month, day, year) September 3, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert Haid
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wamego, Kansas (City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Whitmore
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fremont, Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr. McGee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Haid Signature
Sheridan Ore P. O. Address

Subscribed and sworn to before me this 30th day of March, 19 43.
(SEAL) ..... Notary Public, residing at McMinnville, Ore.
(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-1412, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires March 15, 1946

Received for filing on APR 14 1943 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 870941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENIA (b) City COEUR D' ALENE
(c) Street Address or R.F.D. No. 15TH & HARRISON ST.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ONE years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENIA
(c) City COEUR D' ALENE,
(d) Street Address or R.F.D. No. 15TH & HARRISON
(e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD VERNON DAVID AMELL

5. Date of Birth of Child (Month, day, year) SEPT. 6 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy TERM **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME MOSES AMELL
11. Color or Race FRENCH **12.** Age at time of THIS birth 47 yrs.
13. Birthplace KINGSTON, (City or town) QUEBEC, (State or foreign country) CANADA.
14. Exact Occupation FARMER
15. Industry or Business FARMING.

MOTHER OF CHILD

16. FULL MAIDEN NAME DELPHINE BURGESS
17. Color or Race WHITE **18.** Age at time of THIS birth 40 yrs.
19. Birthplace ERIE, (City or town) PENNSYLVANIA. (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business HOUSEWIFE.

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC SOLUTION.

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, ~~the undersigned~~, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 yrs., 7 mo. 20 days years, and that Henrietta Amell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Idamay Amell Pehm. Signature

127 S. W. Broadway, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 43

(SEAL) L. Doty Notary Public, residing at Beaverton, Ore.
Notary Public, for Oregon
My commission expires May 11, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 1 - 1943 by Mary E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 128041 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371008
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Victor
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county nine years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Idaho

4. **FULL NAME OF CHILD** Clyde Foster Curtis

5. Date of Birth of Child (Month, day, year) June 28, 1899

6. Sex male

7. Twin or -- Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nahum Bemis Curtis
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie McDermott Barker
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At ~~time of birth~~ and including this child five (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the oldest living sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for all his life, 43 years, and that ..... (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mabel Annie Linsenmann Signature
(Mabel Annie Linsenmann)
Driggs, Teton County, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of April, 1943.

(SEAL) Ina G. Strong, Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Mavel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 205083 212

371027

United States
Department of Commerce
Bureau of the Census

MAY 3 1943

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Soda Springs
(c) Street address or R. F. D. No. -
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay BEFORE delivery: -
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street address or R. F. D. No. -
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
Soda Springs, Idaho.
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Bulah Bell Campbell

5. DATE OF BIRTH (Month, day, year) 12-5-99

6. Sex F.

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jared Edward Campbelle

11. Color or Race W

12. Age at time of THIS birth 47 yrs.

13. Birthplace Utah
(City or Town) (State or foreign country)

14. Exact Occupation Rancher and Carpenter

15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Alice Babcock

17. Color or Race W

18. Age at time of THIS birth 42 yrs.

19. Birthplace Utah
(City or Town) (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 14
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Alice Campbell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Ellis Rackley M. D. (D. O., Midwife, etc.)
and address Soda Springs, Idaho. Date 4-28-43 11 A.M.

26. (a) MAY 3 1943 (Date received) (b) Mary [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAY 6 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

153 109-016-572

United States
Department of Commerce
Bureau of the Census

MAY 3 1943 (Be sure the information is as of date of birth of THIS child.)

State File No. 371033
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cashe (b) City: Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cashe
(c) City: Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** John LeRoy Anthony

5. Date of Birth of Child (Month, day, year) March 9, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Anthony
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Egbert
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Fairview, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon, County of Lake, } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that Ellen (First name) Egbert (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Salome Anthony Parker Signature
Lakeview, Oregon Box 1375 P. O. Address

Subscribed and sworn to before me this 26 day of April, 19 43

(SEAL) [illegible], Notary Public, residing at Lakeview Ore

(Note: Perjury is punishable by [illegible] see Sec. [illegible] Idaho Code Annotated.) 19 67

Received for filing on MAY 3 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-115 040-699

371085

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Gem.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Gem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Gem Idaho

4. **FULL NAME OF CHILD** Royden Dilworth Monty.

5. Date of Birth of Child (Month, day, year) Nov-15-1899

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Francis Monty
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Portage (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business metal mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie A Wright
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Des. Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business home making.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mrs. Elizabeth Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Nolan Signature

RFD Garfield, Wash. P. O. Address

Subscribed and sworn to before me this 29 day of April, 19 43.

(SEAL) Lisha Lyon, Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC My commission expires December 10, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 7 - 1943 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 223 036-799

371153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City .....
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: .....
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Dar Idaho (b) County Oneida
   (c) City Samaria
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased.

4. **FULL NAME OF CHILD** Della Potter

5. Date of Birth of Child (Month, day, year) 23 Nov 1899

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4nd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** A Delbert Leroy Potter
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Brigham (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Price
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Samaria (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Cache } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years 43 + 5 mon years, and that Mary Ann Reeb (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ann Price Potter Byington Signature

..... P. O. Address

Subscribed and sworn to before me this 15 day of June, 1943

(SEAL) ..... Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1943 by Mary E Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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618-216020-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 371235

State File No. 371235
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mtn Home
   (c) Street Address or R.F.D. No. Mtn Home
   (d) Name of Hospital or Maternity Home: At Parents Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mtn Home
   (d) Street Address or R.F.D. No. Mtn Home.
   (e) How long has **MOTHER** lived in Idaho? 1862-1928 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mtn Home - Idaho

4. **FULL NAME OF CHILD** Georgia Lillian Wayte.

5. Date of Birth of Child (Month, day, year) Oct-16-1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy —

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Henry Wayte.
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Burge.
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Mrs. Seth Heath (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel B. Hart. Signature

905-E-Wash-St- Boise Idaho P. O. Address

Subscribed and sworn to before me this 14th day of June, 1943

Notary Public for Idaho
Residence, Boise, Idaho
My commission expires Aug. 1, 1944

(SEAL) Leo Neher Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239-112-044-713

371259

United States
Department of Commerce
Bureau of the Census

MAY 3 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Dewey Stippich

5. Date of Birth of Child (Month, day, year) Jan 12 1899

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph William Stippich
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Delphus (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Temperance Palmer
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Camden (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 44 years, and that Mrs. Lee (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Temperance Stippich Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1943

(SEAL) J. J. Goodwyn Notary Public, residing at Midvale Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-104-022-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 20 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372334
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Fremont (b) City: near Henrys Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Frempnt
   (c) City: Hanrys Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**: Lewis Holley Jones

5. Date of Birth of Child (Month, day, year): Febr 4 1899

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: Edward Luther Jones
11. Color or Race: American
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Orangeville Penna (City or town) (State or foreign country)
14. Exact Occupation: Livestock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Effie Whitman
17. Color or Race: American
18. Age at time of THIS birth: 26 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation: Deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that Mrs Enget (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Luther Jones — Signature
St Anthony, Idaho — P. O. Address

Subscribed and sworn to before me this 17 day of May, 19 43.

(SEAL) Thos M Ellis, Notary Public, residing at St Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1943 by Mabel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-231-003-799

372353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Mc Cammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mc Cammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mc Cammon, Idaho

4. **FULL NAME OF CHILD** Mari Alicia Harkness

5. Date of Birth of Child (Month, day, year) Dec. 31, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Harkness
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Galesburg (City or town) Ill. (State or foreign country)
14. Exact Occupation Stockman & rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alecia Grist
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Dr. O. B. Steeley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Harkness Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me this 17th day of May, 1943

(SEAL) [signature], Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1943 by Mary F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-125-035-695

372377

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Teakean
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Teakean
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Teakena, Idah

4. FULL NAME OF CHILD Joseph Hodges Choate

5. Date of Birth of Child (Month, day, year) July 25, 1899.

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Choate
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Glanford, (City or town) Ontario, Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie C. Freytag
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hamlein (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Mrs. W. Freytag (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Asa B. Choate Signature
Lenore, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 19 43
(SEAL) Samuel F. Swayne Notary Public, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-213-040-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372451
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshpne (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 4 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace

4. **FULL NAME OF CHILD** Doris Marie Baldwin

5. Date of Birth of Child (Month, day, year) Jan 13th, 1899

6. Sex female

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dana Albert Baldwin
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna May Bailey
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Wallace (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since birth years, and that Doris (First name) Baldwin (Last name), who attended this birth Dr. Genoway (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna M. Solem Signature
Wallace Idaho P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 43

(SEAL) Geo. H. Walker, Notary Public, residing at Wallace, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1943 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, [redacted] may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-206-029-599

372557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months - days -

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD Anne Marguerite Berglund

5. Date of Birth of Child (Month, day, year) Oct. 6, 1899

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME NELS BERGLUND
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace VARMLAND (City or town) SWEDEN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH ERICSON
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace VARMLAND (City or town) SWEDEN (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that Mrs. John Wickstrand (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna M. Kirkstevens Signature
1270 5 - 34th N.E. P. O. Address

Subscribed and sworn to before me this 1st day of June, 1943

(SEAL) Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1943 by Maud E. Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-226 · 522-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372683
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City La Belle
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 39 years 11 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City La Belle
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) La Belle Idaho

4. FULL NAME OF CHILD Ora Laverna Morgan

5. Date of Birth of Child (Month, day, year) Feb. 26 - 1899

6. Sex

7. Twin or Triplet — If so born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Gillett Morgan
11. Color or Race American
12. Age at time of THIS birth 42 yrs.
13. Birthplace Millcreek (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Maria Scott
17. Color or Race American
18. Age at time of THIS birth 39 yrs.
19. Birthplace Millcreek (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 yrs years of age, that I have known this person for since Birth years, and that unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Maria Morgan — Signature

P. O. Address

Subscribed and sworn to before me this 26th day of February, 1943

(SEAL) Edward T. Clark — Notary Public, residing at San Gabriel Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires April 26, 1944

Received for filing on JUN 14 1943 by Maurel F. Colyer, Registrar.

Only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

131-222-010-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 372787
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: State St
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: about In **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: State St
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Elsie Elizabeth McAuley

5. Date of Birth of Child (Month, day, year) Feb 22 1899

6. Sex: Girl

7. Twin or Triplet: 1st If so—Born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Henry McAuley
11. Color or Race: White
12. Age at time of THIS birth: 17 yrs.
13. Birthplace: Buffalo (City or town) N Y (State or foreign country)
14. Exact Occupation: Mining
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nona Marie Kennedy
17. Color or Race: White
18. Age at time of THIS birth: about 17 yrs.
19. Birthplace: Eureka (City or town) Nevada (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Garfield } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Deceased (First name) ..... (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Henry McAuley Signature

Pomeroy Wash P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1943

(SEAL) Harry K Hord, Notary Public, residing at Pomeroy Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on JUN 16 1943 by Maurl F Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-120-004-238

372796

United States
Department of Commerce
Bureau of the Census

JUN 14 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Beltran Nelson

5. Date of Birth of Child (Month, day, year) May 20 1899

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Nelson
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Alborg (City or town) Denmark (State or foreign country)
14. Exact Occupation B-B Carpenter
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Kathrine Schwack
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Lugon (City or town) Switzerland (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that Dr Hoover (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose C. Nelson Signature

Bellevue Idaho P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 43

(SEAL) B. P. Thamm, ~~Notary Public~~, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by Maud F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

196-230-008-616

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372849
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) McCall, Ida.

4. FULL NAME OF CHILD Hilda Maria Arola

5. Date of Birth of Child (Month, day, year) July 30, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Arola
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Oulu (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Aliina Josefina Ojala
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Vaasa (City or town) Finland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that Maria Ojala (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aliina Josefina Ojala Signature
McCall Ida P. O. Address

Subscribed and sworn to before me this 18 day of May, 1943

(SEAL) Herman H. White Notary Public, residing at McCall

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-227-022-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 372854
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None, remained at own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** MARY MARTHA JONES

5. Date of Birth of Child (Month, day, year) Feb. 27, 1899

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Lorenzo Jones
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Forest (City or town), Ontario, Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Chandler
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Town of Stavely
County of Alberta, Canada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Mrs. (First name) Walters (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Jones Signature
Stavely, Alberta, Canada P. O. Address

Subscribed and sworn to before me this 27th day of May, 1943.

(SEAL) W. L. Jones, Notary Public, residing at Raymond, Alberta, Canada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-102025-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374110
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Idaho (b) City: Cottonwood
   (c) Street Address or R.F.D. No.: -
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Idaho
   (c) City: Cottonwood
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood, Id.

4. **FULL NAME OF CHILD** Euclid R. Rice

5. Date of Birth of Child (Month, day, year) July 2, 1899

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Riley Rice
11. Color or Race: White
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Putman Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation: Farming-Stockraising
15. Industry or Business: Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine C. Code
17. Color or Race: White
18. Age at time of THIS birth: 30 yrs.
19. Birthplace: Sacramento (City or town) California (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child: Four (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 yrs. years, and that Dr. John (First name) Turner (Last name), who attended this birth is now living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine C. Rice — Signature

Lewiston, Idaho — P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 43

(SEAL) C. P. Hindle, Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Maurel F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914 216 029-915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374169
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Moscow
(c) ~~Street Address~~ or R.F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county ....years ....months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Idaho (b) County Nez Perce
(c) City Moscow
(d) Street Address or R.F.D. No. Farm
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address Lewiston
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ivan May Rambo
5. Date of Birth (Month, day, year) Feb. 16 1899
6. Sex Female
7. ~~Twin or Triplet~~ If ~~so born~~ 1st, ~~2nd, 3rd~~
8. No. months of Pregnancy 9 mos
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Leonard Rambo
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Knox City (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Ann Randall
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Dewitt (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead One (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) JUN 30 1943 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's OWN signature ....M.D. or ....(D.O., Midwife, etc.) and address ....Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Olive Randall Rambo, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ivan May Rambo (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Olive Randall Rambo ....Name
Lewiston Idaho ....P. O. Address

Subscribed and sworn to before me on this 31st day of December 1944

(SEAL) Mary E. Burkum Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

653-218 035 342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 8 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374399
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sadie Marion Wellman

5. Date of Birth of Child (Month, day, year) Dec. 18, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Augustine Wellman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dodge Center, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Clerk in store
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Custer
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Freeland, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ora Custer (First name) Wellman (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Sarah Hull ~~M.D.~~ Midwife Address 829 N. Ave 64 Los Angeles 42, California Date July 1, 1943

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1943 by Marjorie E. Ledbetter, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867 116-023-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374435
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. No RR at that time
   (d) Name of Hospital or Maternity Home: In private home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho.

4. **FULL NAME OF CHILD** Jesse Arthur Hopper

5. Date of Birth of Child (Month, day, year) 9-16-1899

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry S. Hopper
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Humansville, Missouri. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Pauline Galland
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bolivar, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Sutter } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Mrs. Witt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Frances Pauline Hopper Signature

Live Oak, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of July, 1943.

(SEAL) L. T. Bourgeois, Notary Public, residing at Live Oak, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-120-029-966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374519
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Richard W. King

5. Date of Birth of Child (Month, day, year) Aug. 20, 1899

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Thomas King
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Springfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia M Rouse
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pendleton (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Water

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Washington
County of Stevens } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia M. King Signature
Chewelah Wash P. O. Address

Subscribed and sworn to before me this 14 day of July, 1943

(SEAL) L. R. Lewis, Notary Public, residing at Chewelah Wa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493.2281001-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375654
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Boise City
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Born years 36 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Mary Dickinson

5. Date of Birth of Child (Month, day, year) December 23, 1877

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Richard Augustus Dickinson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Idaho City - Idaho (City or town) (State or foreign country)
14. Exact Occupation Lister Carver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joyce Edith Farrell
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede.

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of STATE OF CALIFORNIA
County of CITY AND COUNTY OF SAN FRANCISCO } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for — years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires May 25, 1946

Richard A. Dickinson — Signature
1247 Sacramento St. — P. O. Address

Subscribed and sworn to before me this 24th day of July, 1943

My Commission Expires May 25, 1946

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

CITY AND COUNTY OF SAN FRANCISCO
Notary Public in and for the City and County of San Francisco, State of California.

SEAL

Received for filing on JUL 24 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

375673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St. Charles.
   (c) Street Address or R.F.D. No. ...
   (d) Name of Hospital or Maternity Home: at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City St. Charles.
   (d) Street Address or R.F.D. No. ...
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Charles, Idaho.

4. **FULL NAME OF CHILD** Harriette Hansen

5. Date of Birth of Child (Month, day, year) 3-17-1899

6. Sex Female

7. Twin or Triplet ...

If so—born 1st, 2nd, 3rd ...

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ole Welineous Hansen
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Mill Man
15. Industry or Business Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Caroline Mowery
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace San Bernardino, California (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business ...

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho,
County of Bannock, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 44 years, and that ~~Harriette Hansen~~ (First name) the midwife (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Hansen Fenton Signature

422 E. Benton, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1943.

(SEAL) Theodore V. Gathe Jr., Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Maud E. Eldfen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

43-11702-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375687
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Fremont
   (c) City Lewisville, Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** John Lewis Walker

5. Date of Birth of Child (Month, day, year) Jan. 9, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Walker
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Big Cottonwood, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Elizabeth Vallier
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Council Bluff, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for from birth years, and that Mrs (First name) Dabell (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jane E Walker Signature

Lewisville, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1943.

(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mabel F Eldridge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-201033-594

375737

375737

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Rexburg
(c) Street Address or R.F.D.No. at home
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Rexburg
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Mary Baker

5. Date of Birth (Month, day year) June 1, 1899

6. Sex Female

7. Twin or Trip'let If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Fredrick Baker
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Cincinnati, Ohio (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Eiman
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace St. Petersburg, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 21-1943 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **John A. Eiman**, being first duly sworn, say that I am **related to** (Related to (or) acquainted with) **Mary Baker** (Name of person on certificate above) as **Uncle** (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **the midwife** (Name of attendant at birth), who attended said birth **cannot be located** (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John A Eiman Signature

409 No. 5th. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of December, 1942

(SEAL) Fumis Bentley Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

955-217-030-219

375811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Anita Beatrice Reese

5. Date of Birth of Child (Month, day, year) Sept. 17, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Jacob Reese
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Prospecting, Barber
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline Eliza Barter
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Craborchard, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash.
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Mrs. (First name) Leathers (nurse) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emeline E. Reese Signature
Kirkland, Wash. P. O. Address

Subscribed and sworn to before me this 6 day of July 1943

(SEAL) Wayne Chitty Notary Public, residing at Kirkland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1943 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315-125025-353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375842
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County IDAHO (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In **THIS** county 15 years 7 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood, IDAHO

4. **FULL NAME OF CHILD** EDwin Lewis Lancaster

5. Date of Birth of Child (Month, day, year) DEC. 25, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7-9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** EDwin, AUGUSTA, Lancaster

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Desmoins, Iowa. (City or town) (State or foreign country)

14. Exact Occupation Stock Raising.

15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DOLA, maud, Jett,

17. Color or Race WHITE

18. Age at time of THIS birth 18 yrs.

19. Birthplace ELGIN, ILL. (City or town) (State or foreign country)

20. Exact Occupation Stock, raising

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born, Alive (Born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by ~~Lydia~~, maud (First name) Lancaster (Last name), who is related as ~~Mother~~ (Mother, etc.)

25. Attendant's **OWN** signature (Deceased) M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty two years of age, that I have known this person for 43 years or 2 life years, and that Mr. Edwin. A. Lancaster (First name) - husband (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula M. Quinzicher Signature
Cottonwood Idaho P. O. Address

Subscribed and sworn to before me this 31 day of July 1943.

(SEAL) Myrle Hudson, Notary Public, Cottonwood Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. Exp. Jan. 24-1946

Received for filing on AUG 4 1943 by Maud Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-115-040-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375951
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Black Bear, Ida.

4. **FULL NAME OF CHILD** Charles Walter Tracy

5. Date of Birth of Child (Month, day, year) Oct. 15, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Lorraine Tracy
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Mayfield, California (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Ada Baugh
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Paducah, Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Luis Obispo } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs F. A. Tracy Signature
210 N. Broadway Santa Maria P.O. Address

Subscribed and sworn to before me this 19 day of July, 1943.

(SEAL) Ruth Swall, Notary Public, residing at Arroyo Grande Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by [illegible] Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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532-20-009-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377190
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Elsasser home. N. Boyer Ave.
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. N. Boyer Ave.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Ida.

4. **FULL NAME OF CHILD** Lora Olive Elsasser

5. Date of Birth of Child (Month, day, year) May 1, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Elsasser
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Chicago (City or town) Ill. (State or foreign country)
14. Exact Occupation R.R. tie contractor cedar pole contractor
15. Industry or Business and Homesteader.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Campbell
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sanger (City or town) Texas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4-1 dead (b) Born alive and now living 3 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 44 years, and that Mrs. LeHuquet (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Elsasser Signature
Elmira Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 19 43.

(SEAL) Emma Carter, Notary Public, residing at Sandpoint, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1943 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

28-215-046-292

377223

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (Now "Adams") (b) City Council
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD Kathrine Pheobe Shaw

5. Date of Birth of Child (Month, day, year) July 15 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Shaw
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Harrison County (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Kisling
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Locust Grove (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that Mrs Margaret Baeus (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Shaw Signature
Council Idaho P. O. Address

Subscribed and sworn to before me this 19 day of August, 1943
(SEAL) Carl N. Swanston Notary Public, residing at Council Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by Maud E. Eldridge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-123-010-639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377225
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. ?
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) the home

4. **FULL NAME OF CHILD** Harold Russell Ronald Young

5. Date of Birth of Child (Month, day, year) Aug 23 - 1879

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Alfred Young
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betty Emily A. Olin
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for ..... years, and that the midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Betty Emely Young Crowley Signature

P.O. Address

Subscribed and sworn to before me this 17th day of August, 1943

(SEAL) Lois Irwin, Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-219-028-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum Id.

4. FULL NAME OF CHILD Effie Sherwood

5. Date of Birth of Child (Month, day, year) July 19, 1899

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Lawrence Sherwood
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Borden (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Alturett Mattison
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Reston (City or town) Michigan (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan
County of Kalamazoo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard R. Mattison Signature
Vicksburg Mich P. O. Address

Subscribed and sworn to before me this 24 day of November 1942
(SEAL) Notary Public, Kalamazoo County, Michigan
My Commission Expires Jan. 1, 1949
Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-216-035-846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 337275
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City farm
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City On farm
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? five yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elsie Mary Allen

5. Date of Birth of Child (Month, day, year) 16th day April 1943

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Lewis Allen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Viola Huffman
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was yes (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Dr. La Pard. dead M.D. Midwife Address Harry Hykes dead Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty Eight years of age, that I have known this person for Forty Four years, and that George (First name) Lapard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha V. Allen Signature
410 N 3rd Ave - Spokane - Wash P. O. Address

Subscribed and sworn to before me this 2nd day of September, 1943.

(SEAL) Lawrence E. Brown, Notary Public, residing at Spokane - Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Mabel Hilden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-223-001-219

377276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377276
Local Reg. No. 377276
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mayfield - Idaho

4. **FULL NAME OF CHILD** Lillian Cecile Slater

5. Date of Birth of Child (Month, day, year) Oct 23 - 1899

6. Sex female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Slater
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mayfield, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Charlotte Barnes
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace near Stockton (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child -1- (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 - P. M. on the date and at the place stated above, and that personal particulars were ~~furnished by~~ known personally (First name) (Last name), who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person ~~for~~ since birth years, and that Mrs. Wilmot (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie T. Hugg Signature
R. F. D. #1. Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of September, 19 43.

(SEAL) S. E. Blanc, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1943 by Mabel Helger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

F62-116-037-763

377298 377298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City De Lamar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City De Lamar
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) De Lamar Ida

4. **FULL NAME OF CHILD** Charles Hopkins

5. Date of Birth of Child (Month, day, year) Dec 16, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Hopkins
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace De Lamar (City or town) Idaho (State or foreign country)
14. Exact Occupation Truck driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Goldsworthy
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Jersey City (City or town) New Jersey (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that Dr Plummer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Shugelow Signature

Melba Ida P. O. Address

Subscribed and sworn to before me this 23 day of September, 19 43

(SEAL) Pauline Cowlbrow, Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 27-1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-221-003-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377402
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Afford
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home In family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years 9 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Afford
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bountiful Utah

4. **FULL NAME OF CHILD** Mildred May Carlson

5. Date of Birth of Child (Month, day, year) April 21-1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John H. Carlson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace New York Harbor N.Y. (City or town) (State or foreign country)
14. Exact Occupation Retired-
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Fisher
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife-
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Twin~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Not Living (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that Mrs. Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H Carlson Signature
726 W Hayden Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 31 day of Aug, 1943.

(SEAL) S. L. Stowell, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-213-025-593

377430

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** Anna Mae Dessery

5. Date of Birth of Child (Month, day, year) Nov. 13 1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Victor D. Dessery
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Denver, Colorado (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Helena Nichols
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Nashville, Tennessee (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for her life years, and that Dr. Bibie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Helena Witt Signature

Bonners Ferry, Idaho. P. O. Address

Subscribed and sworn to before me this 4th day of September, 19 43.

(SEAL) J W Reid, Notary Public, residing at Bonners Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Mabel Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-223-231-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377461
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce Ida.

4. FULL NAME OF CHILD Blanche Estelle Rowe

5. Date of Birth of Child (Month, day, year) Aug 23, 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee Johnson Rowe
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Conover (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Belzora Smith
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Conover (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of ~~children of this mother~~: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 44 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Belzora Rowe, Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of September, 19 43

(SEAL) Perry W. Mitchell Notary Public, residing at Nezperce Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1943 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

562-212-001-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Boise
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years About months 1 year days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Boise
   (d) Street Address or R.F.D. No. Unknown
   (e) How long has **MOTHER** lived in Idaho? About 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Blanche Noble

5. Date of Birth of Child (Month, day, year) July 12, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Leslie James Noble
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Govenour (City or town) New York (State or foreign country)
14. Exact Occupation Farmer and dairyman
15. Industry or Business " " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leora Arilla Webb
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Grayson County (City or town) Texas (State or foreign country) (Nearest town unknown)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Sonoma } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 44 years, and that (Unknown) (First name) ____ (Last name), who attended this birth is unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Madge Noble Douglas — Signature
3111 Redwood Highway — Santa Rosa, Cal. — P. O. Address

Subscribed and sworn to before me this 29th day of June, 19 43.

(SEAL) Inga Swardstedt, Notary Public, residing at Santa Rosa Sonoma County, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1943 by Mabel Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-118-035-689

377602

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City SouthWick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City SouthWick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** CLARENCE S. HENDERSON

5. Date of Birth of Child (Month, day, year) MAR. 18, 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JAMES W. HENDERSON
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace LOGAN (City or town) IOWA (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MOLLIE M. WHITINGER
17. Color or Race WHITE
18. Age at time of THIS birth 15 yrs.
19. Birthplace NEOLA (City or town) IOWA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for always years, and that DR. E. E. WATTS (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W. Henderson Signature
SouthWick, IDAHO P. O. Address

Subscribed and sworn to before me this 16th day of SEPT., 1943.

(SEAL) Janitary, Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1943 by Mabel Fyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713 122 022 367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 376767
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Edward Galbraith

5. Date of Birth of Child (Month, day, year) 3/22/1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Averet Galbraith
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Jamestown (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Cox
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Youngstown (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. William Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Galbraith Signature

P. O. Address

Subscribed and sworn to before me this 16th day of September 19 43

(SEAL) Kathryn Coffin Deputy Clerk of District Court, ~~Notary Public~~, residing at ST. ANTHONY, IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1943 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-226 035-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378786
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Nez Perce
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Nez Perce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Idaho

4. **FULL NAME OF CHILD** Alice Wessie Johnson

5. Date of Birth of Child (Month, day, year) Sept. 26, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wesely Johnson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Cottage Grove (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sussie Simmons
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Mrs David (First name) Wright (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Susie Johnson Signature
315 Poplar, Clarkston, Wash P. O. Address

Subscribed and sworn to before me this 22 day of Sept., 1943

(SEAL) Susie Falsey, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1943 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-201001-023

378840

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 378840
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Boise
   (c) Street Address or R.F.D. No.: 221 West Jefferson St.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 5 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Ada
   (c) City: Boise
   (d) Street Address or R.F.D. No.: 221 West Jefferson St.
   (e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. **RESIDENCE OF FATHER** (city, state): Same as above

4. **FULL NAME OF CHILD**: JULIA LIZZETTA ADELMANN

5. Date of Birth of Child (Month, day, year): July 1, 1899

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: Richard C. Adelmann
11. Color or Race: White
12. Age at time of THIS birth: 54 yrs.
13. Birthplace: Heidelberg (City or town) Germany (State or foreign country)
14. Exact Occupation: Mining
15. Industry or Business: Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Julia Agatha Ostner
17. Color or Race: White
18. Age at time of THIS birth: 37 yrs.
19. Birthplace: San Francisco (City or town) California (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 44 years, and that Dr. George (First name) Haley M.D. (Last name), who attended this birth is now deceased (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia A. Adelmann — Signature
221 West Jefferson, Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 8th day of October, 19 43.

(SEAL) Elizabeth Adelmann, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 8/12/47

Received for filing on Oct 9 - 1943 by Mabel Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-227025-451

378909

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county x years x months 90 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. xx
(e) How long has **MOTHER** lived in Idaho? 90 days yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Idaho

4. **FULL NAME OF CHILD** Elma Pulah Manwaring

5. Date of Birth of Child (Month, day, year) 10-27-1899

6. Sex female

7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lincoln Manwaring
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Deardorff
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Prarie City (City or town) Oregon (State or foreign country)
20. Exact Occupation Keeping House
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Dr. (First name) Truitt (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Manwaring Signature
1618-14th-Ave Lewiston, Ida. Address

Subscribed and sworn to before me this 27th day of September, 19 43

(SEAL) C. P. Hinkle, Notary Public, residing at Lewiston, Idah

(Note: Perjury is punishable as a felony in Idaho, 1947 Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1943 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Nez Perce } ss.

Certificate No. 378909

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elma Bulah Manwaring (Name on Original Certificate) who was born (Was Born or Died) on 10-27-1899 (Date of Event)
in Cottonwood (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bi ble record (Bible Record, Insurance Policy, Etc.) prepared on 10-27-1899 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	10-27-1899	Oct. 17, 1899
name	Elma Bulah	Elma Beulah Manwaring

Subscribed and sworn to before me this 25th day of October, 1943.

C. P. Hinkle

Notary Public, residing at Lewiston, Idaho

My commission expires 2-10-1945
(Seal)

Signed Juliann Manwaring
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1618-14th-Ave Lewiston, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1943

C. P. Hinkle

Notary Public, residing at Lewiston, Idaho

My commission expires 2-10-1945
(Seal)

Signed Leona Brown
(Signature of Any Credible Person Other Than Previous Year)

1406-G Street, Lewiston, Idaho.
(Street Address, City, State)

OCT 27 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. (Certificate No. 37959)

County of Nez Perce } Date Filed NOV 8

The undersigned does solemnly swear the certain facts on the certificate of birth (Birth or Death)

for Edna Fulad Manwaring who was born (Name of Person) (Place of Birth) 10-27-1899 (Date of Event)

in Cottonwood (Place of Event) are incorrect or were omitted and that to the best of his knowledge, the

true facts are shown by Bible Record (Bible Record, Insurance Policy, etc.) prepared on 10-27-1899 (Date) are:

BLANK TO BE CORRECTED (Name, Place, Date, etc.)	FROM (Incorrect Entry)	TO (Correct Entry)
Birthdate	1-27-1899	Oct. 27, 1899
Time Born		Time Fenlah Manwaring

Subscribed and sworn to before me this 25th day of Oct 1943

Signed [illegible]

Notary Public, residing at Lewiston, Idaho

My commission expires 2-10-1945

1222-14th-Ave Lewiston, Idaho.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(In Addition to Affidavit Signed Above Executed.

(Only if required by the Division of Vital Statistics Division Laws))

State of Idaho } ss.

County of Nez Perce

The undersigned does solemnly swear that he has knowledge of the facts set forth above and that they

are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of Oct 1943

Signed [illegible]

(Signature of Person Signing Affidavit Other than Previous Year)

Notary Public, residing at Lewiston, Idaho

My commission expires 2-10-1945

1405-6Street, Lewiston, Idaho.

(Street Address (City, State))

OCT 25 1943

845 115029849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378021
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: about
   In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Harold Sam Hunt

5. Date of Birth of Child (Month, day, year) Aug. 15, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Tudrich Hunt
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Labor on Farm
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Gertrude Quimby
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash
County of Cowlitz } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — 62 — years of age, that I have known this person for — 44 — years, and that ~~Harold~~ (First name) Dr. ~~Hunt~~ (Last name) Ripman who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gitie Alschowska — Signature
Rainier Oregon — P. O. Address

Subscribed and sworn to before me this 23 day of September, 1943.

(SEAL) [illegible], Notary Public, residing at Kelso, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

585-229004 381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378924
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake Co. (b) City Liberty
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Liberty
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Liberty, Idaho.

4. **FULL NAME OF CHILD** Aurilla Nye

5. Date of Birth of Child (Month, day, year) Dec 29 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Smith Nye
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Champneys
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for Forty Three years, and that Dr. West (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. James Smith Nye Signature
Ogd, Idaho, P. O. Address

Subscribed and sworn to before me this 31 day of August, 1943

(SEAL) Albert W. Jones, Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

I chose the name Agnes when confirmed.

378948

United States 365-219-040 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce 243 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wardner Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Mary Connolly

5. Date of Birth of Child (Month, day, year) Nov. 19-1894

6. Sex F. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Connolly
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Galway (City or town) Ireland (State or foreign country)
14. Exact Occupation mining man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary O'Sullivan
17. Color or Race White **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Cork (City or town) Ireland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn), of my own knowledge M. on the date and at the place stated above and that personal particulars were furnished by (First name) (Last name), who is related to this child as attending physician (Mother, etc.).

25. Attendant's **OWN** signature Chas. R. Meade M.D. Address Fernwell Bldg. Date 5/18/42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1943 by Mabel Kelsa, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-205-040-896

OCT. 15 1943

379078

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 140

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Home.
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Catherine Farrell

5. DATE OF BIRTH (Month, day, year) July 5 - 1899.

6. Sex F.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Michael Jerome Farrell

11. Color or Race W.

12. Age at time of THIS birth 36 yrs.

13. Birthplace Canada.
(City or Town) (State or foreign country)

14. Exact Occupation Barber.

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Healy.

17. Color or Race W.

18. Age at time of THIS birth 32 yrs.

19. Birthplace Mont.
(City or Town) (State or foreign country)

20. Exact Occupation Tw.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3.
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Farrell (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 13-43 (Date received) (b) John A Beer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature × S. Collins M.D. (D.O., Midwife, etc.)
and address Spokane Wash Date 8/7/43

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than ~~$10 nor more~~ than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

293-216-025-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 18 1943

State File No. 380373
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No. R.F.D. ---
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No. R. F. D. ----
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Idaho

4. **FULL NAME OF CHILD** Viola A. Killmar

5. Date of Birth of Child (Month, day, year) Sept. 16, 1899

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George C. Killmar
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sigourney (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. Mahler
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sigourney (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Therewas none (First name) (Last name), who attended this birth ------- (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Killman Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of September, 1943.

(SEAL) Henry Telcher Co Recorder, ~~Notary Public~~, residing at Grangeville, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1943 by Mabel Kelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-116 026-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380441
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: no
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho.

4. **FULL NAME OF CHILD** Cyrus Vernard Call

5. Date of Birth of Child (Month, day, year) Sept. 16th 1899.

6. Sex male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Omer Samuel Call
11. Color or Race white
12. Age at time of THIS birth 40[illegible] yrs.
13. Birthplace Willard, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Metta Madsen.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Willard, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since his birth years, and that Dr. B.A. Price (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvester Call Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of October, 19 43

(SEAL) Beatrice R. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1943 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-215014-297

380522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 380522
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 41 years 5 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Clara Belle Roberts

5. Date of Birth of Child (Month, day, year) Oct. 15 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Bell Roberts
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace Champaign County (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lyora Bixby
17. Color or Race
18. Age at time of THIS birth 41 yrs.
19. Birthplace Oregon City (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 44 years, and that Mariniff (First name) ..... (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Louie Ethel Harris — Signature
Burgdorf, Idaho — P. O. Address

Subscribed and sworn to before me this ..... day of Nov., 19 43

(SEAL) Helen Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 8-1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691 103 032 - 755

380523

380523

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho.

4. **FULL NAME OF CHILD** Walter Lee Orahood

5. Date of Birth of Child (Month, day, year) Mar. 3, 1899

6. Sex male

7. Twin or Triplet single If so—born ~~1st~~ 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Lincoln Orahood
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Normal, Ill (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Amal. Sugar Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Pendegrass
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace ? Alabama (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. Baugh (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred L Orahood Signature

P.O. Box 312-161 S. Albion Ave., Burley, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of November, 19 43

(SEAL) Geo. H. Thompson Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-220 037-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380596
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home: ✓
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 10 mo. ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Silver City, Idaho

4. **FULL NAME OF CHILD** Frances Susan Getchell

5. Date of Birth of Child (Month, day, year) Oct. 20, 1899

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Meserve Merrill Getchell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Baring (City or town) Maine (State ~~or foreign country~~)
14. Exact Occupation Owner of Hotel
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Hutchinson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Central City (City or town) Colorado (State ~~or foreign country~~)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, ~~say~~ that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. M. L. Hamilton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. J. Hutchinson Signature
Box 244 Everett, Wn P. O. Address

Subscribed and sworn to before me this 27th day of October, 1943.

(SEAL) M. H. Van Nuys, Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893-115025-251

380638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Idaho (b) City: Grangeville
   (c) Street Address or R.F.D. No.: none
   (d) Name of Hospital or Maternity Home: born at parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Idaho
   (c) City: Grangeville,
   (d) Street Address or R.F.D. No.: none
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida

4. **FULL NAME OF CHILD**: George Warren Hill

5. Date of Birth of Child (Month, day, year): July 15, 1899

6. Sex: Male

7. Twin or Triplet: no — If so—born 1st, 2nd, 3rd: —

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: William Hill
11. Color or Race: white
12. Age at time of THIS birth: 59 yrs.
13. Birthplace: (City or town) Ireland (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Mary Jane Kearney
17. Color or Race: white
18. Age at time of THIS birth: 41 yrs.
19. Birthplace: (City or town) Walla Walla, (State or foreign country) Washington
20. Exact Occupation: housewife
21. Industry or Business: Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: ninth (b) Born alive and now living: five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Lewis } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for ..... years, and that Mrs. Rachel Lyttle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary G Hill — Signature
Nezperce Idaho — P. O. Address

Subscribed and sworn to before me this 27 day of October, 1943

(SEAL) Percy Mitchell, Notary Public, residing at Nezperce Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 3 1943 by Mabel Hyder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-210-018-336

381823

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Orofino, Ida.

4. FULL NAME OF CHILD Gladys Vernita King

5. Date of Birth of Child (Month, day, year) November, 10, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edwin King
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Joplin, (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Cloud
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Aurora, (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ida May King (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of CLEARWATER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Margaret Cloud (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Pettwood Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of September, 1943

(SEAL) [signature] Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-101-025-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 381844
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Greencreek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Greencreek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. **RESIDENCE OF FATHER** (city, state) Greencreek Idaho

4. **FULL NAME OF CHILD** Sylvester Leander Aiken

5. Date of Birth of Child (Month, day, year) August 1st 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Magnus Aiken
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Vermelan (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gena Nelson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Rendalen (City or town) Norway (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now ~~living~~ 2 dead 4 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that Mrs. Rogers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Gena Aiken Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of November, 19 43

(SEAL) Burt C Halsey, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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36 6-122-001-913

381845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Jefferson Street
   (d) Name of Hospital or Maternity Home: None Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Jefferson Street
   (e) How long has **MOTHER** lived in Idaho Since 1879 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Charles Edward Cooper

5. Date of Birth of Child (Month, day, year) Jan. 22, 1899

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Simon Cooper
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grasshopper Falls, Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jane Rathbone
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Greenwood County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44x years, and that Mrs. Rube Robbins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Jane Randall Signature
Route 4 Yakima Wash P. O. Address

Subscribed and sworn to before me this 9th day of November, 1943

(SEAL) ....., Notary Public, residing at Yakima, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-211-037-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382000
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [redacted] (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 2 yrs

4. FULL NAME OF CHILD Julia Merle Stuart

5. Date of Birth of Child (Month, day, year) Sept 11, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Frank Stuart
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Salem (City or town) Ohio (State or foreign country)
14. Exact Occupation Mechanical Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Bishop
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Linesville, (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that William R. (First name) Hamilton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Martha Ellen Stuart Signature
5505-N. Vancouver Ave., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 23rd day of November, 19 43
(SEAL) Lyle B. Metcalf Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. exp. 8/17/47

Received for filing on 1/14/ by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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669-117-025-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: Born on farm place
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Bernard Forsmann

5. Date of Birth of Child (Month, day, year) July 17, 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Herman Forsmann
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bishop Creek, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Catherine Trautman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace State of Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that Catherine Trautman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Herman Forsmann Signature

2433 N. Standard Avenue
Spokane, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of December, 19 43

(SEAL) Paul F. Schiffner, Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on DEC 8 1943 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-206 007-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383157
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 Mos. yrs.

3. RESIDENCE OF FATHER (city, state) Swan Lake, Ida.

4. FULL NAME OF CHILD LILIAN MELVINA MORRIS

5. Date of Birth of Child (Month, day, year) Feb. 6, 1899

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Lee Morris
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Glensfork, (City or town) Kentucky (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Eleanore Sutton
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Bee Creek, (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Mrs. Eleeta Clyde (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. L. Morris
Signature
Mesa, Idaho
P. O. Address

Subscribed and sworn to before me this 23rd day of December, 19 43

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mary Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455 214028418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 3 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383161
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Kootenai (b) City: Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Kootenai
   (c) City: Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida.

4. **FULL NAME OF CHILD** Rosa Anna Dennison

5. Date of Birth of Child (Month, day, year) Oct. 14, 1899

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Dennison
11. Color or Race: white
12. Age at time of THIS birth: 40 yrs.
13. Birthplace: Waukon, Iowa (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Maher
17. Color or Race: white
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: Waukon, Iowa (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: No

23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for birth years, and that Mrs Haines (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness her mark X
Mrs Rose Hitchcock
Witness

Mrs. Francis Dennison Signature
Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 1943.

(SEAL) M. E. Freudenberg Notary Public, residing Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319 216 029 - 46

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383184
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Latah (b) City: Moscow
   (c) Street Address or R.F.D. No.: 840 East 8th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Latah
   (c) City: Moscow
   (d) Street Address or R.F.D. No.: 840 East 8th
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Erma Belle ~~[illegible]~~ Larrabee

5. Date of Birth of Child (Month, day, year) August 16, 1899

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Nelson Larrabee
11. Color or Race: white
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Pottawattamie (City or town) Iowa (State or foreign country)
14. Exact Occupation: Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Moore
17. Color or Race: White
18. Age at time of THIS birth: 36 yrs.
19. Birthplace: Wintrop (City or town) Iowa (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth ~~and including this child~~ 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Louisa Maria Larrabee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lola E Arnold Signature

P. O. Address

Subscribed and sworn to before me this 31 day of December, 19 43

(SEAL) Robert W. Peterson, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1944 by Mabel Kelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-127 007-349

383202

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Ether Anderson

5. Date of Birth of Child (Month, day, year) Feb. 27, 1899

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hiram Anderson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hiram, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Genebra Curtis
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hiram, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since his birth years, and that Dr. (First name) Mitchell (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James L Stoddard Signature
Hyrum Utah P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1944

(SEAL) Simeon A. Olsen, Notary Public, residing at Hyrum Utah
Com. expires Jan. 30, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 206 001 217

383243

383243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383243
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1100 Blk. Grove St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county native citizen years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Atlanta
(d) Street Address or R.F.D. No. Main St.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Julia Estelle Smith

5. Date of Birth of Child (Month, day, year) Feb. 6, 1899

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cyrus V. Smith
11. Color or Race white **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Altoona, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Geheral merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia M. Baxter
17. Color or Race white **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Patterson, New Jersey (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned Carrie L. Baxter, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for nearly 44 (from birth) years, and that Dr. Carol Sweet (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie L. Baxter Signature
222 Bannock St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943
(SEAL) E. R. Smith Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Jan 31-1944 by Mabel Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-11-782-214

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383257
Local Reg. No.
Reg. Dist. No.

JAN 11 1943

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 11 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Near St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD James LaVoy Bowman

5. Date of Birth of Child (Month, day, year) 9-11-1899

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph H. Bowman
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Malinda Sadorus
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Near Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that Elizabeth (First name) Riggs (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amanda M. Minn Signature

St Anthony P. O. Address

Subscribed and sworn to before me this day of , 1942.

(SEAL) W. J. Adams Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1944, by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho [illegible] such report is accompanied by a certificate [illegible] date. Affidavits of the father [illegible] the child [illegible] mother of the child is li[illegible] or guardian, or some person ha[illegible]

643-106 040 849

383324

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City OSBURN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county FIVE (5 years) months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City OSBURN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? FIVE yrs.

3. **RESIDENCE OF FATHER** (city, state) OSBURN IDAHO

4. **FULL NAME OF CHILD** ALFRED DAVID ODLE

5. Date of Birth of Child (Month, day, year) JUNE 6th 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALFRED ODLE
11. Color or Race WHITE
12. Age at time of THIS birth 55 yrs.
13. Birthplace LONDON (City or town) ENGLAND (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business MINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDITH HURRY
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace CAMBRIDGE (City or town) ENGLAND (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date Jan. 6, 1944

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older Half Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 7/12 years, and that Mrs. Ruhl (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Gilbert Signature
303 W. Pacific Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 6th day of January, 19 44.

(SEAL) Lorraine W. Peterson, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 208 026 867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384422
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Garfield
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ____
   (c) City Garfield
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Garfield, Idaho.

4. **FULL NAME OF CHILD** SYLVIA BENSON [redacted]

5. Date of Birth of Child (Month, day, year) 6-[redacted]-1899

6. Sex FEMALE

7. Twin or Triplet NO — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** SAMUEL BENSON
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace LEHI (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FANNY HOPEWELL
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace NOTTINGHAM (City or town) ENGLAND (State or foreign country)
20. Exact Occupation ____
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At ~~time of birth and including this child~~ 4 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Lake. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy-Six years of age, that I have known this person for Fourty-Four years, and that Mrs (First name) La Belle (Last name), who attended this birth Cannot be [redacted] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Benson Signature

Lakeport, California. P. O. Address

Subscribed and sworn to before me this 3rd day of December, 19 43

(SEAL) Willis Greene, Notary Public, residing at Lakeport, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485 204006 389

384497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At the home of the family.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 5 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth (then a part of Basalt)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** Alice Lucien Dye [redacted]

5. Date of Birth of Child (Month, day, year) Apr. 4, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Dye
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Riverdale, Weber Co., Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Dora Child
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Riverdale, Weber Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy three years of age, that I have known this person for forty four years, and that Alice (First name) Sessions (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie D. C. Dye — Signature

Basalt, Idaho — P. O. Address

Subscribed and sworn to before me this 20 day of January, 1944

(SEAL)

H. R. Messick, Notary Public, residing at Basalt, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 226 016-412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384589
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Elba
   (c) Street Address or R.F.D. No. Ranch
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Elba
   (d) Street Address or R.F.D. No. Ranch
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho, Elba

4. **FULL NAME OF CHILD** Ruth Emma Ward

5. Date of Birth of Child (Month, day, year) 3/26/1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Robert Ward
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Cattleman and Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ellen Mason
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Olive Ward Gunnell, (Church records) (First name) (Last name), who is related as older sister (Mother, etc.)

25. Attendant's **OWN** signature Mary R. (Mrs. Fred) Peterson M.D. Midwife X Address Riverton, Ida. Date 2/31/44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314210035-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 31 1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Gilbert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Gilbert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? m 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gilbert Idaho

4. **FULL NAME OF CHILD** Blanche Ann Ladd

5. Date of Birth of Child (Month, day, year) Nov. 10, 1899

6. Sex female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Benjamin Ladd
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Belfast, Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Navada Brown
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace DesMoinse Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ada May Plank (First name) (Last name), who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of CLEARWATER } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that Mrs. John Boehm (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada May Plank Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 19 44.

(SEAL) Frank W. Smith, Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by Mary Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791 110040-255

United States
Department of Commerce
Bureau of the Census

FEB 11 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384687
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Walter Edward Piatt

5. Date of Birth of Child (Month, day, year) Aug. 10-1899

6. Sex M

7. Twin or Triplet / If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Layfayette W Piatt
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace near Desmoines (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elvira Jane Bennett
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cass County, (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for lifetime years, and that Mrs Elvie Geidl (First name), midwife (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvira Jane Gerrard Signature
2008 Pacific Everett, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of Febry, 19 44

(SEAL) A P Brownlee, Notary Public, residing at Everett, Wash.
Commission 3-25-44

Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated

Received for filing on FEB 14 1944 by Walter Yeder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-210-028-556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 385864
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Harrison
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Harrison
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Laura June Hovington

5. Date of Birth of Child (Month, day, year) June 10-1899

6. Sex Female

7. Twin or Triplet — If no—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edmund Lincoln Hovington
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Elkhorn (City or town) So Dakota (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Newman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chatsworth (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for since birth 45 years, and that Harriette Hovington (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Bessie May Hovington Signature
949 A. Santa Ana Ave P. O. Address
Long Beach Calif

Subscribed and sworn to before me this 12th day of February, 1944

Commission Expires Oct. 11, 1946 Fred R. Dervouer Notary Public, residing at LONG BEACH, CALIF

(SEAL) NOTARY PUBLIC in and for the County of Los Angeles, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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816-174-020-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 385934
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Idaho

4. **FULL NAME OF CHILD** Roland Joseph Hawes

5. Date of Birth of Child (Month, day, year) Jan 24th 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph E. Hawes
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farm and Stock
15. Industry or Business Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelaide M. Hawes
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bruneau (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeper.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of ~~Owyhee~~ Elmore } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that Doctor William Smith (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Adelaide M. Hawes Signature
Bruneau Idaho P. O. Address

Subscribed and sworn to before me this 24th. day of February, 19 44.

(SEAL) E. H. Clements, Notary Public, residing at Glenns Ferry, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

373-224-024-523

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386016
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City near Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home na days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. yes
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Moscow Idaho

3. RESIDENCE of FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Freda Mae Kitley

5. Date of Birth (Month, day year) May 24 1899

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Edward Kitley.
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Flora (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lette Fisher.
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Black Rock. Ark. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) MAR 10 1944 (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Edward Kitley, being first duly sworn, say that I am related (Related to (or) acquainted with) to Freda Kitley (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Edward Kitley Signature
P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1944
(SEAL) Robert C. Forkner Notary Public, residing at Salem Ore.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

16 P - 205 - 036 - 314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 386167
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Was born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 15 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hazel Johnson

5. Date of Birth of Child (Month, day, year) November 5, 1899

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Johnson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Emmeline Lamb
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Lehi Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home Maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

Fanny Swann Now dead

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all my life years, and that (Hazel Johnson) (First name) Swan (Last name) Fanny who attended this birth is now deceased (Is now deceased) or (Cannot be located) (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James E. Johnson Signature
272 West 1st North P. O. Address
Preston Idaho

Subscribed and sworn to before me this 8 day of March, 1944

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1944 by Mabel Helper, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141 109 001466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Meridian
   (c) Street Address or R.F.D. No.: No Numbering System
   (d) Name of Hospital or Maternity Home: Born At Parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Ada
   (c) City: Meridian
   (d) Street Address or R.F.D. No.: No Numbering System
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state): Meridian Idaho

4. **FULL NAME OF CHILD**: Ray Virgil Adams

5. Date of Birth of Child (Month, day, year): March 9-1899

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: Otis Adams
11. Color or Race: Caucasian
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Powersville (City or town) Missouri (State or foreign country)
14. Exact Occupation: Brick Mason
15. Industry or Business: Building Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Allie Downey
17. Color or Race: Caucasian
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Powersville (City or town) Missouri (State or foreign country)
20. Exact Occupation: House Wife
21. Industry or Business: Home Maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Not Known

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Paternal Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that DR — (First name) Dutton (Last name), who attended this birth, Is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

X Cora B. Martin Signature
1316 - S.W. Taylor, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 15th day of March, 1944

(SEAL) Marie O'Brien, Notary Public, residing at Portland, Oregon.
My commission expires 7-14-46.

(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-128007 689

387401

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387401
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: ✓
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ladene Baldwin

5. Date of Birth of Child (Month, day, year) May 28-1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alex. Wilson. Baldwin
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Addie White
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fairfield (City or town) Utah (State or foreign country)
20. Exact Occupation Farmer wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Mrs A. W. Baldwin (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ida
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 - 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-224-018-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CLEARWATER (b) City OROFINO
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CLEARWATER
   (c) City OROFINO
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) OROFINO-CLEAR'

4. **FULL NAME OF CHILD** BEATRICE MARION BUESCHER

5. Date of Birth of Child (Month, day, year) APR-24-1899

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** JOHN GEORGE BUESCHER
11. Color or Race W
12. Age at time of THIS birth yrs.
13. Birthplace ST LOUIS (City or town) MO. (State or foreign country)
14. Exact Occupation GENERAL STOREKEEPER
15. Industry or Business -NO-

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY EMMA KUTHER
17. Color or Race W
18. Age at time of THIS birth yrs.
19. Birthplace EFFINGHAM (City or town) ILL (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of PIERCE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 44 yr. - 11 mo. years, and that JR (First name) FRY (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Leo M Buescher Signature
X 1608 No. 8th Tacoma Wash P. O. Address

Subscribed and sworn to before me this 25th day of March, 1944.

(SEAL) Edna Hunter, Notary Public, residing at Tacoma, Wa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241 212035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387573
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City GIFFORD
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City GIFFORD
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ABT 18 — yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** AMY ANN SMATHERS

5. Date of Birth of Child (Month, day, year) AUG. 12 - 1899

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN CALVIN SMATHERS
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace OREGON CITY OREGON (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** URSULA PEARL WALKER.
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace WICHITA KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by RUTH MEINERS (Last name), who is related as SISTER (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Elsie Spring, M.D. Midwife Address Kamiah Date 4/6/xx

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mary Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-221 016-769

387587

United States
Department of Commerce
Bureau of the Census

APR 15 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 83
Reg. Dist. No. 471

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Marion Ida
   (c) Street Address or R.F.D. No. Oakley R 1
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 40 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Marion Idaho
   (d) Street Address or R.F.D. No. Oakley Ida R 1
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marion Ida

4. **FULL NAME OF CHILD** Treva Loraine Totman

5. Date of Birth of Child (Month, day, year) Sept 21 1899

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joshua Alvin Totman
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Gossinge
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing used

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Not known (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Mary Totman (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Not known M.D. Midwife Address — Date —

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the — (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — years of age, that I have known this person for — years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

— Signature

— P. O. Address

Subscribed and sworn to before me this — day of —, 19—

(SEAL) —, Notary Public, residing at —

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 16th 1944 by B F Wilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-123-044-165

388642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388642
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows Idaho

4. **FULL NAME OF CHILD** James William Farrell

5. Date of Birth of Child (Month, day, year) Sept. 23rd 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matthew Frances Farrell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer + Livestock production
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Jones
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Dallas (City or town) Texas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Farrell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Alice Kaufman ~~M.D.~~ Midwife Address New Meadows Idaho Date 11/18/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APRIL 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

641-104-003-713

988729

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388729
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 636 E. Center
   (d) Name of Hospital or Maternity Home: Private Home Above address
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years ----- months --- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 636 E. Center
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Marvin Martin O'Malley

5. Date of Birth of Child (Month, day, year) April 4 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Michael O'Malley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace St. Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Coal Contractor
15. Industry or Business Oregon Short Line

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gallagher
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wytheville (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 45 years, and that Unknown (First name) Rooker (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. P. O'Malley Signature
434 No. Buchanan Pocatello P.O. Address

Subscribed and sworn to before me this 18th day of April, 1944

(SEAL) F. E. Hyldman, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-118-006-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388777
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3 years.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Ralph Magnus Johnson

5. Date of Birth of Child (Month, day, year) June 18, 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Magnus Johnson
11. Color or Race Swedish
12. Age at time of THIS birth 40 yrs.
13. Birthplace Karlskrona, Sweden (City or town) (State or foreign country)
14. Exact Occupation Gardener
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Viola Riley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Toledo, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Dr Snook (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Viola Johnson Signature
1027 Deakin Avenue, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of April, 1944
(SEAL) Martin L. Mickey Notary Public, residing at Moscow Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1944 by Mabel Fleger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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497-320-040-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388782
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner Idaho

4. **FULL NAME OF CHILD** Mary Sarah Dixon.

5. Date of Birth of Child (Month, day, year) February 20 - 1899

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Miles Elmer Elsworth Dixon.
11. Color or Race White Irish 12. Age at time of THIS birth 19 yrs.
13. Birthplace Tyrone (City or town) Pensylvania (State or foreign country)
14. Exact Occupation Mining Silver Iron and Lead
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Anna Josephine Johnson.
17. Color or Race White French 18. Age at time of THIS birth 19 yrs.
19. Birthplace Iowa (City or town) Iowa (State or foreign country)
20. Exact Occupation Johnson County
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 - years of age, that I have known this person for 45 years, and that Doctor (First name) France (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Anna Josephine Dixon Signature

P. O. Address

Subscribed and sworn to before me this 21st day of April, 1944

(SEAL) Lisbud Zgurt, Notary Public, residing at Potlatch, Idaho
NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December 10, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

Received for filing on APR 26 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-205-025-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388796
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Warren
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Helen Ruth Williams

5. Date of Birth of Child (Month, day, year) Dec. 5 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Arthur Williams
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sharon Co. Penna. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Mickle
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wilber, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fredrick Arthur Williams Signature

P. O. Address

Subscribed and sworn to before me this 20th day of April, 1944

(SEAL) Ira E. High, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1944 by Mabel Hilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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958-228-025-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388863
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville,
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Hazel Effie Zehner

5. Date of Birth of Child (Month, day, year) Dec. 28, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Zehner
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Lawrence County, (City or town) Illinois (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Missouri A. Zehner
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Benton County, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Rachel Lyttle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Missouri A Zehner Signature
Grangeville Ida P. O. Address

Subscribed and sworn to before me this 24th day of April, 1944

(SEAL) J. H. Graham, Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-205-029-135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388884
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born in own home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. I
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 2yrs.

4. FULL NAME OF CHILD Annie Milley Hart

5. Date of Birth of Child (Month, day, year) Sept. 5, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi Hart
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Hester Stevens
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 44 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Libby — Signature
Post Falls, Idaho — P. O. Address

Subscribed and sworn to before me this 3 day of May 1944

(SEAL) W. J. Tracy — Notary Public, residing at Post Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 - 1944 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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791-339-035-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388890
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Farm House
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce Ida.

4. FULL NAME OF CHILD Percy Belle Pratt

5. Date of Birth of Child (Month, day, year) Dec. 29 - 1899

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Peter Bunley Pratt
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Union City (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Roxana Evans
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 43 years, and that Dr (First name) Reese (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter B Pratt Signature
Lenston Idaho P. O. Address

Subscribed and sworn to before me this 3d day of April, 1944.

(SEAL) Ralph Weingarten CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER Notary Public, residing at Lenston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1944 by Mabel Hoff, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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785-201-004-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2-3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Avanelle Phelps

5. Date of Birth of Child (Month, day, year) 11-1-1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter G Phelps
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Margaret Holmgren
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace St Charles (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature X Ella M. H. Phelps ~~Mrs~~ ~~Midwife~~ Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Walter G Phelps Signature
194 Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 19 44

(SEAL) Chas Edwards, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3[illegible] Idaho Code Annotated.)

Received for filing on MAY 8 - 1944 by Michel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-108-022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388962
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Ida.

4. **FULL NAME OF CHILD** Warren Anderson Farnsworth

5. Date of Birth of Child (Month, day, year) 12-8-1899

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Stephen Farnsworth
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. George (City or town) utah (State or foreign country)
14. Exact Occupation Farming & Ranching
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Anderson
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Smith Field (City or town) utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming & Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Mary (First name) Nelson (Last name), who is related as Aunt (Mother, etc.) — was midwife

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Mrs Mary (First name) Nelson (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Alice Farnsworth Signature
Rexburg Ida. P. O. Address

Subscribed and sworn to before me this 12th day of May, 1944
3/31/46 L V Jones, Notary Public, residing at Aberdeen Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1944 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-120-029-235

388966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. — none
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Clayton Steele Crocker

5. Date of Birth of Child (Month, day, year) Dec. 20, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Loren LeRoy Crocker
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Harrisburg (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer-Teamster
15. Industry or Business Agriculture-Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Cleve Steele
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Howard (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that Dr Hunter (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Cleve Crocker Signature

P. O. Address

Subscribed and sworn to before me this 12 day of May, 1944.

(SEAL) Ed Logan, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-11-2-089-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388984
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City GENESEE
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City GENESEE
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) GENESEE, IDAHO

4. **FULL NAME OF CHILD** ALLEN BENNETT SATHER

5. Date of Birth of Child (Month, day, year) DEC. 12, 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Ben B. Sather
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace Nor Aalesund (City or town) Norway (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA PETERSON
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mayville (City or town) N. Dakota (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Mrs J. Frang (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Peterson Sather — Signature
703 S. Adams St Moscow Ida — P. O. Address

Subscribed and sworn to before me this 13th day of April, 1944

(SEAL) E. S. Thompson, Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-212-008-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388986
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Centerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Centerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: CLARA LEONA SOUCIE

5. Date of Birth of Child (Month, day, year): April 12, 1899

6. Sex: Female

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Orley Soucie
11. Color or Race: White
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Door County, Michigan (City or town) (State or foreign country)
14. Exact Occupation: Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Jessie Smith
17. Color or Race: White
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: Iowa (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: don't know

23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Dr. Fairchild (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Orley Soucie — Signature
Box 854, Boise, Idaho. — P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 43

(SEAL) W H Varian — Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by Mabel Hyder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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445-20704-249

390153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390153
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Middleton, Ida.

4. FULL NAME OF CHILD Thelma Grace Dunning

5. Date of Birth of Child (Month, day, year) 1-7-1899

6. Sex Fem

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward B Dunning
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Paw Paw, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lida Belle Smith
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Dr. - Isham (First name) (Last name), who attended this birth now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lida Belle Smith Thomsen Signature
2323 Fremontia Dr. SanBernardino, Cal Address

Subscribed and sworn to before me this 17th day of April, 19 44

(SEAL) H. O. Lear Notary Public, residing at 10 W E St San Bernardino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-119 829-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390168
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 706 D-STREET
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 706-D-St.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW IDAHO

4. FULL NAME OF CHILD CECIL E. MOORE

5. Date of Birth of Child (Month, day, year) JUNE 19-1899

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN ANDREW MOORE
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace Wilton Junction (City or town) IOWA (State or foreign country)
14. Exact Occupation TEAMSTER-GENERAL HAULING
15. Industry or Business NONE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SUSAN MARGARET SCHULLENBERGER
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace GAGE COUNTY (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive ~~and~~ now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 44 years, and that Dr. Doctor-No Midwife (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Margret Moore ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 25 day of May, 1944.
(SEAL) Marion Barlow ..... Notary Public, residing at Bunnell Wa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mabel Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154 122006-753

390358

390358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county / years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 47 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Reuben Elmer Anderson

5. Date of Birth of Child (Month, day, year) July 22, 1899

6. Sex Male

7. Twin or Triplet /No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew A. Anderson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ostergotland (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Peterson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Ostergotland (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-one years of age, that I have known this person for forty-five years, and that G. W. (First name) Pendleton (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1943 Session Laws.

E. E. Anderson Signature

Route 2, Idaho Falls P. O. Address

Subscribed and sworn to before me this 22 day of June, 1944, 19 44

(SEAL) Nila Bigler, Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 27 1944 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

698-220-028-469

390364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390364
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai now Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai now Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Amy Genevieve Fry

5. Date of Birth of Child (Month, day, year) Aug 20-1899

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alva Laverne Fry
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Albany (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie Lora Morrow
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Mondamin (City or town) Iowa (State or foreign country)
20. Exact Occupation ~~Housefife~~ Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnie L. Fry Signature
Coeur D'Alene, Idaho, 618, Lincoln way P. O. Address

Subscribed and sworn to before me this 26 day of June, 1944.

(SEAL) Harry F. Welch Notary Public, residing at Coeur D'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

390389

United States
Department of Commerce
Bureau of the Census
339-218-024-693

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County..... (b) City Blackfoot Idaho
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home None
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ut. A. H. (b) County Box Elder
(c) City Brigham City
(d) Street Address or R.F.D. No. H 2
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address Brigham City Utah

3. **RESIDENCE OF FATHER** (city, state) Brigham Utah

4. **FULL NAME OF CHILD** Grace Clifford

5. Date of Birth (Month, day, year) Sep 18 - 1899

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** John Price Clifford
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Williams
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Bloomington Idaho (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 17 (b) Born alive and now living 8
(c) Born alive and now dead None (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 17 1944 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie J. Selby, being first duly sworn, say that I am sister relative (Related to (or) acquainted with) Grace Clifford (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Baugh (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie J. Selby ..... Name
..... P. O. Address

Subscribed and sworn to before me on this 6th day of December 1941

(SEAL) John T. Phillips Notary Public, residing at Brigham Ut

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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134-20-022-154

391493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kilgore Idaho

4. **FULL NAME OF CHILD** Georgina Mc Millan

5. Date of Birth of Child (Month, day, year) Oct. 10, 1899

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Neal W. Mc Millan
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betsy Anderson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bear River City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for ..... years, and that Dr. Thomas Turton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Betsy McMillan Signature
Gleichen, Alta, Can. P. O. Address

Subscribed and sworn to before me this 23 day of June, 1944

(SEAL) J. A. McQuillan, Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1944 by Mabel Hefner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356-122-036-165

391676

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ONEIDA (b) City MALAD
   (c) Street Address or R.F.D. No. I
   (d) Name of Hospital or Maternity Home: BORN IN HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ONEIDA
   (c) City MALAD
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** EVAN LEWIS

5. Date of Birth of Child (Month, day, year) DEC. 22 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM D. LEWIS
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace CARMOTHINSHIRE (City or town) WALES (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANN JONES
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace PENCADER (City or town) WALES (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of ONEIDA } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that NELLIE (First name) DUDLEY (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann J. Lewis — Signature
Route I Malad City Idaho — P. O. Address

Subscribed and sworn to before me this 5th day of July, 1944.

(SEAL) John H. McAllister by D. Johns — Deputy Clerk of the Probate Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-220-015-299

391700

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Leland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Leland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leland, Idaho

4. **FULL NAME OF CHILD** Olive Myrtle Whitcher

5. Date of Birth of Child (Month, day, year) Mar. 20, 1899

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Whitcher
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming, carpentering, etc.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Maud Bridgeman
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Near Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation ~~Housewife~~
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at one A. M. on the date and at the place stated above, and that personal particulars were furnished by Daisy Maud Whitcher (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington
County of Spokane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-seven years of age, that I have known this person for all her life years, and that Dr. Reese (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Maud Whitcher Signature

Latah, Washington P. O. Address

Subscribed and sworn to before me this 10th day of July, 19 44.

(SEAL) Helen E. Nelson, Notary Public, residing at Latah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by Mabel Kilgore, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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381-213-008-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

392897

State File No. 392897
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Boise (b) City: Ola
   (c) Street Address or R.F.D. No.:
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Boise
   (c) City: Ola
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? 2 years ~~[illegible]~~ yrs.

3. **RESIDENCE OF FATHER** (city, state) Ola, Idaho

4. **FULL NAME OF CHILD** Mary Jane Chambers

5. Date of Birth of Child (Month, day, year) May 13, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Grothy Chambers
11. Color or Race: White
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Bloomington (City or town) Ind. (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Genette Vandusan
17. Color or Race: White
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: Albany (City or town) Mo. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: ~~1~~ 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~XXX~~ 69 years of age, that I have known this person for 45 years, and that Randy Puran (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora G Chambers — Signature
Box 243, Emmett, Idaho — P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 44

(SEAL) Margaret Smoke — Notary Public, residing at Emmett, Idaho
My Com'n expires 10-13-44

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1944 by Mabel Field, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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2957180011369

392929

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 392929
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 5
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mayfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mayfield, Idaho

4. **FULL NAME OF CHILD** George Hiram Breckenridge

5. Date of Birth of Child (Month, day, year) Dec. 18, 1899

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John George Breckenridge
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Belgrade, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie [redacted] CORDER
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mayfield, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-five years of age, that I have known this person for 44 years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John George Breckenridge Signature

Boise, Idaho, P.O. Address

3213 Crescent Rim Drive.

Subscribed and sworn to before me this 7th day of September, 1944

(SEAL) Luther W. Tennyson, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 425 1029-957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394303
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Thomas William Willows

5. Date of Birth of Child (Month, day, year) Nov. 25, 1899

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Farris Willows
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Omaha, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Lauretta Ingle
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Bloomfield, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Teton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Dr Robert Beck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maude L Willows Signature
Fairfield Montana P. O. Address

Subscribed and sworn to before me this 7th day of August, 1944.

(SEAL) ..... Notary Public, residing at Fairfield Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-213-040-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394311
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ~~Spokane~~ Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. Canyon Ave;
   (d) Name of Hospital or Maternity Home: at home (our)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 38 years 1 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. ~~Box No~~ 138 Gen Del.
   (e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) ~~Calif~~ Angeles Wash

4. **FULL NAME OF CHILD** Dorothy Alberta Baldwin

5. Date of Birth of Child (Month, day, year) Jan. 13, 1899

6. Sex female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd – 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Baldwin
11. Color or Race white
12. Age at time of THIS birth dead yrs.
13. Birthplace Centralia (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna May Baldwin
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Montello (City or town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child twins (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all her life years, and that Dr (First name) Denowry (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna May Baldwin Solus Signature
Wallace Ida P.O. Box 138 P. O. Address

Subscribed and sworn to before me this 2 day of Aug, 1944

(SEAL) Anna Patrick, Notary Public, residing at Wallace, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Hylton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

D.19-231-209681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394329
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarks Forks
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Mrs. Julia Edward & Mrs. Margaret Meade attended.
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Forks
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)
Clarks Forks, Ida. Bonner Co.

4. FULL NAME OF CHILD Edith Bernice Barton

5. Date of Birth of Child (Month, day, year) Dec. 31, 1899

6. Sex F **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Wilfred Barton
11. Color or Race W 12. Age at time of THIS birth 34 yrs.
13. Birthplace Clarks Forks, Ida (City or town) (State or foreign country)
14. Exact Occupation Working with bridge gang
15. Industry or Business -- for railroad.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Agnes Whalen
17. Color or Race W 18. Age at time of THIS birth 16 yrs.
19. Birthplace Clarks Forks, Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth years, and that Mrs. Julia Edward & Mrs. Margaret Meade (First name) (Last name), who attended this birth Address now-unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Agnes Barton Signature
Rt. 6, Box 399 F, Tacoma, Wn. Address

Subscribed and sworn to before this 12th day of August, 1944
(SEAL) K. Damon Notary Public, residing at Tacoma, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-223-025-749

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 394427
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Tolo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho.
   (c) City Tolo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Elk City Ida

4. **FULL NAME OF CHILD** Lesley Evelyn Bullock

5. Date of Birth of Child (Month, day, year) July 23 1899

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren Randolph Bullock
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nokomis (City or town) Illinois (State or foreign country)
14. Exact Occupation Stockman.
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Ann Purdy
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Minot (City or town) North Dakota (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Ann Bullock Signature
Elk City, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of August, 19 44

(SEAL) Dorothy V. Altman, Notary Public, residing at Grangeville Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1944 by Mary Hilder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-021-016-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

39451

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley, Idaho
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
Born at grandpabent's home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Utah (b) County Box Elder
(c) City Promontory
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? Most of life yrs.
(f) Mother's mailing address Promontory, Utah
3. **RESIDENCE OF FATHER** (city, state) Promontory, Utah

4. **FULL NAME OF CHILD** Rachel Verness Nelson
5. Date of Birth (Month, day, year) Sept. 21, 1899
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Not known
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lars Alfred Nelson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Tooele, (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher and Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Worthington
17. Color or Race white
18. Age at time of THIS birth 32 years
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) SEP 7 1944 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Melvin Ross Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rachel Verness Nelson (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not known (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Melvin Ross Nelson Name
Route 2 Box 149 Escondido Calif. P.O. Address

Subscribed and sworn to before me on this 23rd day of Aug 1944
(SEAL) H. Gongwer Notary Public, residing at Escondido, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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851-202-029-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395615
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** Ethel May Healy

5. Date of Birth of Child (Month, day, year) April 2, 1899

6. Sex Female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Healy
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Co. Cork (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna E. Tierney
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Genesee (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same (")

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes-4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of WASHINGTON
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy-two years of age, that I have known this person for ..... years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E. Tierney Healy Signature
2211 N. Perry, Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 15th day of September, 19 44

(SEAL) Bess E. Myers, Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395700
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. (none)
(d) Name of Hospital or Maternity Home:
None, Mother delivered in her own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years approximately days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs.
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Idaho

4. **FULL NAME OF CHILD** Alvan R Gish

5. Date of Birth of Child (Month, day, year) April 12, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sidney Albert Gish
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) (State or foreign country) Iowa
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Jane Hopkins
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Plum Creek (State or foreign country) Pennsylvania
20. Exact Occupation Wife and Mother.
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Weber } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Ellis Kackley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Jane Hopkins Gish
Signature
4171 So. 13th East, Salt Lake City, Utah
P. O. Address

Subscribed and sworn to before me this 28th day of September, 19 44.

(SEAL) Commission expires 8/27/45 Ada M Patten, Notary Public, residing at Ogden, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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412-204-001-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 395732
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Boise
   (c) Street Address or R.F.D. No.: 11th St. Bet. O'Farrell & Thatcher (I think)
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: More than 5 years. In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Ada
   (c) City: Boise
   (d) Street Address or R.F.D. No.: 11th St. O'Farrell Thatcher
   (e) How long has **MOTHER** lived in Idaho? At least 5.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Mary Myrtle Mason

5. Date of Birth of Child (Month, day, year) Sept. 4, 1899

6. Sex: Female

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Robison Mason
11. Color or Race: White
12. Age at time of THIS birth: About 45 yrs.
13. Birthplace: Sullivan, (City or town) Indiana (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Cornelia Dodds (Mason)
17. Color or Race: White
18. Age at time of THIS birth: 41 yrs.
19. Birthplace: Sullivan, (City or town) Indiana. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Indiana
County of St. Joseph } ss.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 61 years of age, that I have known this person for 45 years, and that Not Known (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude W. Mason Signature
Box #113 Mishawaka Ind. P. O. Address

Subscribed and sworn to before me this 16th day of September, 1944

(SEAL) J. Alton Getz, Notary Public, residing at Mishawaka Ind.

My commission expires July 5, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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743-229001 456

396924

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396924
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Vera Elizabeth Pulliam

5. Date of Birth of Child (Month, day, year) July 29, 1899

6 Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Pulliam
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Sedalia (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Daisy Neff
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Burlington (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Dr. O. H. Hale (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Pulliam Signature
Boise P. O. Address

Subscribed and sworn to before me this 17 day of Nov., 1944.
(SEAL) Pauline Benedrose, Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1944 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 211 033-796

396944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Rexburg
(c) Street Address or R.F.D. No. Log Cabin on
(d) Name of Hospital or Maternity Home:
Home at and where the Town of Thornton is
(e) Mothers stay BEFORE delivery:
In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Effie May Williamson

5. Date of Birth of Child (Month, day, year) 2-11-1899

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Banks Anderson Williamson
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Greenfield (City or town) Iowa (State or foreign country)
14. Exact Occupation Freighter & Homesteader
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Rosella Proctor
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Tolmore (City or town) Indiana (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Perry W Williamson (First name) (Last name) who is related as Brother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that Kington (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Perry W Williamson Signature
Box 532 Ontario Ore P. O. Address

Subscribed and sworn to before me this 20 day of November, 19 44

(SEAL) Earl Blackburn, Notary Public, residing at Ontario Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Exp Jan 15-1945

Received for filing on NOV 28 1944 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-115-09-717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 397036
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Custer (b) City: Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Custer
   (c) City: Clayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clayton, Ida.

4. **FULL NAME OF CHILD** Ellis Milton Baker

5. Date of Birth of Child (Month, day, year) 1/15/1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Milton Baker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Papworth
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Clayton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Mrs. George Paul (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(X) Edwin Milton Baker Signature
Clayton, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of October, 19 44.

(SEAL) A. R. Bartsch, Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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846 218 019 293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398317
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERTHA MAY HUFFMAN
2. Date Of Birth (month) 2 (day) 18 (year) 1899
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: (USA) IDAHO CUSTER
b. City or Town of Birth: CHALLIS, IDAHO

FATHER

6. Full Name of Father: EDGAR PENNELL HUFFMAN
7. State or Country of Father's Birth: BLOOMFIELD, IOWA

MOTHER

8. Full Maiden Name of Mother: LULU MAY SILL
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Hoffman Patterson
11. Present Address of Registrant: 1472 FILBERT ST SAN FRANCISCO 9, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on April 23 1952
12. Signature of Notary: Helen D. Schenck
13. Notary Commission expires: My Commission Expires October 13 1954 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Bible Record	Family Bible viewed by J. H. O'Donnell, Notary		2-18-1899

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-18-1899	Challis, Idaho		

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Employment Record	Social Security Board	11-28-36	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-18-1899	Challis, Idaho		

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by	John Boyd	Feb. 1, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 18, 1899	Challis, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Michael Fielder	May 1, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398317
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Idaho

4. FULL NAME OF CHILD Bertha Mae Huffman

5. Date of Birth of Child (Month, day, year) Oct. 18, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Pernal Huffman

11. Color or Race Wh

12. Age at time of THIS birth 31 yrs.

13. Birthplace Fairfield, Iowa (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Mae Lee

17. Color or Race Wh

18. Age at time of THIS birth 28 (28) yrs.

19. Birthplace Franklin Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Ant. Meyerik (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lulu M. Huffman Signature
220 N. Wash, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of December, 1944

(SEAL) J. M. O'Donnell, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1944 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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289-221 022.289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DEC 9 1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398331
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chapin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mothers stay BEFORE delivery: In THIS county 7 years 9 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chapin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Chapin, Idaho

4. FULL NAME OF CHILD Eldora Jane Byrne

5. Date of Birth of Child (Month, day, year) Aug. 21, 1899

6 Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Byrne
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Hansen Byrne
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Emily Beesley (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Hansen Byrne Signature
Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 19 44

(SEAL) Mary Strong, Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by Mabel Hedin Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-214029-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399472
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Country Home of Mrs. Elizabeth Roberts.
(e) Mothers stay BEFORE delivery: IN THIS county 7 years 11 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Ida.

4. FULL NAME OF CHILD Helen Elizabeth Roberts.

5. Date of Birth of Child (Month, day, year) Sept. 14, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Cyrus Sheets Roberts
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Montrose, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bell Long
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Springfield, Illinois (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business School Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Roberts (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Louisa Roberts M.D. Midwife Address 714 W. Buckeye Spokane Date Wash

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 101 009 791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No. Saddler Creek
(d) Name of Hospital or Maternity Home: Saddler Homestead
(e) Mother's stay **BEFORE** delivery: Native of Kansas
IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No. Saddler Homestead
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD Perry Leslie Saddler

5. Date of Birth of Child (Month, day, year) Aug. 1-1899

6. Sex MALE 7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Saddler
11. Color or Race English 12. Age at time of THIS birth 45 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Lumbering, Logging, Transfer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bell Graves
17. Color or Race White Native 18. Age at time of THIS birth 28 yrs.
19. Birthplace Lincoln County Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 45 years, and that Mattie Lemley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H. Saddler Signature
W 1200 Dalton Ave Spokane P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1944
(SEAL) Nell Beeler Notary Public, residing at Wenatchee Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1944 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 102 030 869

399485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at ranch home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) May, Idaho

4. FULL NAME OF CHILD Jiry Verne Hammond

5. Date of Birth of Child (Month, day, year) February 2, 1899

6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Jiry Hammond
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Hannah Harn
17. Color or Race white 18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 7 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Mrs (First name) Fortune (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Hammond Signature
Challis Idaho Box 143 P. O. Address

Subscribed and sworn to before me this 20th day of December, 1944
(SEAL) Harry Nicholas, ~~Notary Public~~, residing at Challis
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1944 by Probate Judge, Registrar
Mary Felder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-22 4-041-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399554
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eva Louise Foster

5. Date of Birth of Child (Month, day, year) Sept. 24, 1899

6 Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles H. Foster
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace New Lothrop, Mich. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Fenton
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Battle Creek, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Teton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Charles H Foster Signature
Driggs, Idaho. P. O. Address

Subscribed and sworn to before me this 28th day of December, 1944.
(SEAL) Emil A. Strong, Notary Public, residing at Driggs, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1945 by Mary Hilgen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-212-040-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399556
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD Alma Alfreda Greenwald

5. Date of Birth of Child (Month, day, year) Dec. 12, 1899

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Cornelius Greenwald
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Herne, Germany (City or town) (State or foreign country)
14. Exact Occupation Owner of hotel and boarding houses.
15. Industry or Business Hotel business

MOTHER OF CHILD

16. FULL MAIDEN NAME Thea Christine Carter
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Arendahl, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Thea C. Greenwald (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Miss Mogstad (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thea C. Greenwald Signature
2021—22nd St. Sacramento Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1945

(SEAL) Hugh R. Kraft, Notary Public, residing at Sacramento, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 - 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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364-131-001-675

39968 ✓ 399682

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City MERIDIAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10-12 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD RALPH EDWARD COMPTON

5. Date of Birth of Child (Month, day, year) March 21, 1899

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME FREDERICK WILLIAM COMPTON, M. D.
11. Color or Race WHITE **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business Medical Profession

MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA ELLEN FINNELL
17. Color or Race WHITE **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Marshall (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 46 years, and that Dr. Frederick W. Compton (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Jane Compton Vance Signature
P. O. Box 8, HAZELTON, IDAHO. P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 45
(SEAL) Samuel E. Vance Jr. Notary Public, residing at Hazelton.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1945 by Walter Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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958-221-025-239

United States
Department of Commerce
Bureau of the Census

JAN 13 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400771
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mothers stay BEFORE delivery: In THIS county 42 years 6 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Georgie Willma Reynolds

5. Date of Birth of Child (Month, day, year) July 21 - 1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Taylor Reynolds
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Headwaters (City or town) Virginia (State or foreign country)
14. Exact Occupation Raising Cattle
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Klingensmith
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace St Paul (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Herrington (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Dr Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha Herrington Signature
1227 W. 6 Ave Spokane Wash P. O. Address

Subscribed and sworn to before me this JAN - 9 1945 day of , 19

(SEAL) , Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-105-D 25-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400799
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville Idaho
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Samuel Jerome DeVault

5. Date of Birth of Child (Month, day, year) March 5 1899

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Alexander DeVault
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Hodge
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2:00 M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) DeVault (Last name) who is related as Brother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Dr. G. (First name) Sholly (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John DeVault Signature
301 S Snake River Ave P. O. Address

Subscribed and sworn to before me this 13th day of January, 1945.
(SEAL) C. P. Hinsen, Notary Public, residing at Lewiston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

717-110-001-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 27 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400894
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. South 13th St.
(d) Name of Hospital or Maternity Home: Born at residence on So. 13th St.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. South 13th St.
(e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** ORIN LELAND PAGE

5. Date of Birth of Child (Month, day, year) April 10, 1899

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willis Edwin Page
11. Color or Race White American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Union County, Iowa. (City or town) (State or foreign country)
14. Exact Occupation (Retired now) Laborer
15. Industry or Business Shaw's Lumber Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Dicy Monroe Page
17. Color or Race White American
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lowrey County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willis Edwin Page Signature
College Place, Washington P. O. Address

Subscribed and sworn to before me this 25th day of January, 19 45.
(SEAL) Robert J. Millhain, Notary Public, residing at Walla Walla.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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457 210035-693

402140

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nampa
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nampa
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Bertha Fayetta Ungicker

5. Date of Birth of Child (Month, day, year) Feb 10, 1899

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gideon Ungicker
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace State of Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Wilhelm
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace State of Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Mrs. Mary Ungicker (First name) (Last name), who attended this birth Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ella Ungicker ..... Signature
Ferdinand, Ida. ..... P. O. Address

Subscribed and sworn to before me this 8 day of Feb., 1945
(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-225029-224

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Agnes Theresa Danielson

5. Date of Birth of Child (Month, day, year) March 25, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Christian Danielson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Atwater (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Nicholine Skugrud
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Norse (City or town) Texas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Mid Wife, (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie N Danielson Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March 1945

(SEAL) W A Burr, Notary Public, residing at Genesee Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1945 by Mabel Hedden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795 230 037-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402223
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MIRIAM ANN GRETE

5. Date of Birth of Child (Month, day, year) March 30, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES HENRY GRETE
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Silver City, Idaho (City or town) (State or ~~Country~~)
14. Exact Occupation Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HELEN MAY THOMPSON
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Linnwood, Washington County Nebraska (City or town) (State or ~~Country~~)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born alive~~ (Born alive, stillborn) at ~~8:00 A.M.~~ on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Dr. John Weston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida E Moz Signature

1109 Main, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of October, 1942

(SEAL) Hugh N. Caldwell Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by Myrl Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349 213 025 663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: Parents home
(e) Mothers stay BEFORE delivery: In THIS county 5 years 9 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. #1
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand, Ida.

4. FULL NAME OF CHILD Rachel Marie Quigley

5. Date of Birth of Child (Month, day, year) Nov. 13, 1899

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Merrill Quigley
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Harrisburg, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Vata Wolford
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Walla Walla, Wn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Carbolic Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Alameda } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Quigley Signature
4430-36 Street - Oakland Calif. P. O. Address

Subscribed and sworn to before me this 28th day of February, 1945.

(SEAL) D A Booth, Notary Public, residing at Oakland Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402240
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county 21 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida.

4. FULL NAME OF CHILD Jane Morgan

5. Date of Birth of Child (Month, day, year) Apr. 24, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David J. Morgan
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Glamorganshire, Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Cleusa, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Jane Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bush Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1945.

(SEAL) Jas. P. Jones, Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by Mary Fixler, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-225014-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Gen Del
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Gen Del
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida

4. **FULL NAME OF CHILD** Helen Florence Price

5. Date of Birth of Child (Month, day, year) Dec 25-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Arren Price
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace near Red Bluff (City or town) Calif (State or foreign country)
14. Exact Occupation Ranch Hand
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ada Andreasson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Kitsap } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Mrs. Stabblefield (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ada Anderson Strohm Signature

..... P. O. Address

Subscribed and sworn to before me this 13th day of March 1945.

(SEAL) Helen B. Judge, Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by Mabel Heller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida.

4. FULL NAME OF CHILD Helen Harris [redacted]

5. Date of Birth of Child (Month, day, year) Nov. 24, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edwin Harris
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Delhi, (City or town) Iowa. (State or foreign country)
14. Exact Occupation Owner and manager of
15. Industry or Business furniture & mortuary.

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Doolittle
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Delhi (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Doctor (First name) Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Mar. 17, [illegible]

Mrs Adelaide Harris Brewster Signature

Monterey Park, Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1945.

(SEAL) Eleanor D. Ackley Notary Public in and for the County of Los Angeles, State of California Monterey Park, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Princeton Ida.

4. **FULL NAME OF CHILD** Jennie Lyn Kinman

5. Date of Birth of Child (Month, day, year) Feb. 1 - 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Yates Kinman
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Knobnoster (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Esmerella Wurman
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Downing (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Lydia Ploughman (First name) (Last name), who attended this birth deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Esmerella Kinman Signature
Princeton Idaho P. O. Address

Subscribed and sworn to before me this 31 day of March, 1945

(SEAL) Lydia Ogburt, Notary Public, residing at ~~Notary Public residing at~~ Potlatch, Idaho
My commission expires December 10, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1945 by Mary Folger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

MAY 2 1945

STATE OF IDAHO

State File No. 404711
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home delivery
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Viola, Ida

4. FULL NAME OF CHILD Sadie Ann Williams

5. Date of Birth of Child (Month, day, year) May 20, 1899

6 Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Williams
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Witchita Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Olive Forgey
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Gold beach Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 46 years, and that Evelyn Berry (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Forgey Rogers Signature
Greer, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 45
(SEAL) Samuel T. Swayne, Notary Public, residing at Orofino, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 404712
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

MAY 2 1945

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County U. S. Park (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Rail road House No. 13.
(e) Mothers stay BEFORE delivery: In THIS county 25 years 3 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Rail Road House 13
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Edna Lucille Brady

5. Date of Birth of Child (Month, day, year) June 16th 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert William Brady
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Savannah Missouri (City or town) (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business Railroad.

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Gertrude Corvell
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Leon Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dr. dead do not know.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Nebraska
County of Lancaster } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all her life years, and that Lin known to me (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Miss) Leona Brady Signature
Lincoln, Nebraska R. F. D. Address

Subscribed and sworn to before me this 28th day of April, 1945.

(SEAL) Walton B. Roberts, Notary Public, residing at Lincoln Nebraska

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 1 1945

State File No. 404758
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Idaho
(c) Street Address or R.F.D. No. R 710
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Payette
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Anderson Dewey Claiborn

5. Date of Birth of Child (Month, day, year) Sep. 12, 1899

6 Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Claiborn
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Gra Mary Hill California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Mary Walker
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Porters Mill Indiana (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive ~~Deceased~~ (Born alive, stillborn) at 11:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Susie M. Claiborn Cotton (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Physician Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Malheur } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for life years, and that Dr. Delaney (First name) at Payette Idaho (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Mary Claiborn Cotton Signature
R1 Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of April 1945
(SEAL) Ellie E. Ellen Counsel, Notary Public, residing at Nyssa Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-126 028-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404769
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at private home
(e) Mothers stay BEFORE delivery: In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lewis Causton Johnson

5. Date of Birth of Child (Month, day, year) April 26, 1899

6 Sex son

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis John Johnson
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace LaCrosse, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Mary Causton
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace London, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Midwife Address deceased Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Dr. (First name) Bishop (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Mary Johnson Signature
Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1945.
(SEAL) S. Bangs, Notary Public, Residing at Bonners Ferry,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1945 by Mary Fitzer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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842-27-006-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 13 years 1 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Ida.

4. FULL NAME OF CHILD Myrtle Ann Huband

5. Date of Birth of Child (Month, day, year) Sept. 17, 1899

6 Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Perry Huband
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Prudence L. Barnes.
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace South Cottonwood, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Weber } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Christina Jacobson Huband (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Prudence L. Huband Signature
3142 Ogden Ave. Ogden, Utah. P. O. Address

Subscribed and sworn to before me this 15th day of May, 1945

(SEAL) John R. Macoon, Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mary Felder by MAY 25 1945, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-109-240-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Frederick Bradley MacKenzie

5. Date of Birth of Child (Month, day, year) July 9, 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kenneth MacKenzie
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Pleasant Valley, N.S. Canada (City or town) (State or foreign country)
14. Exact Occupation Shift boss
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Menzie
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Tatamagouche, N.S. Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for from birth years, and that I cannot remember Dr. D's name, the nurse Mrs. Griffith (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie MacKenzie Renfrew Signature
2405 No. Stevens, Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of May, 1945.

(SEAL) H. G. Schwemler, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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311-207-014-464

405978

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405978
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 616 Cleveland Blvd
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 55 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 616 Cleveland Blvd
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kathryn Campbell

5. Date of Birth of Child (Month, day, year) Oct 27 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel D. Campbell
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Livery Stable

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Basheba Moudy
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Hannibal County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that Christian (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eldora C Lane Signature

Boise, Idaho, 2501 Jefferson P. O. Address

Subscribed and sworn to before me this 16th day of June, 1945.

(SEAL) [illegible], Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1945 by Mary Fylder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-131-208-617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 406048
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOISE. (b) City VAN WYCK.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO. (b) County BOISE
(c) City VAN WYCK
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO.

4. FULL NAME OF CHILD EMIL AUGUST STUNZ.

5. Date of Birth of Child (Month, day, year) 7/31/1899.

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME AUGUST STUNZ.
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace GERSTUNGEN (City or town) GERMANY (State or foreign country)
14. Exact Occupation RANCHER.
15. Industry or Business FARMING AND CATTLE RAISEING.

MOTHER OF CHILD

16. FULL MAIDEN NAME JOHANNA SOPHIA FREDRICA WAGNER
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace HERSTUNGEN (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 45 years, and that Name unknown (Midwife) (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gretchen Stunz Squires Signature
1926 Arroyo Drive, Riverside, Calif. Address

Subscribed and sworn to before me this 29th day of May, 1945.
(SEAL) Kathryn A. Chesworth, Notary Public, residing at Colton, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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636-128027-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City TROY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At hom e
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD HILDING LEONARD FLODBERG

5. Date of Birth of Child (Month, day, year) SEPT. 28 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JONAS FLODBERG
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALMA L OLSON
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for all his life years, and that MRS ERICK SWANBERG (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma L Flodberg Signature
TROY, IDAHO P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1945.
(SEAL) [signature], Notary Public, residing at Troy, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mary Fidler by JUN 26 1945, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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317 226022 212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 40[redacted]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rubgy later Black
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Market Lake (Roberts)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Hazel Marjorie Carruthers

5. Date of Birth of Child (Month, day, year) Dec 26th 1899

6. Sex Female

7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 10

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel S. Carruthers
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mus Waterford Ohio (City or town) (State or foreign country)
14. Exact Occupation Rail Road Agent + Druggest
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Eva Baker
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Eddyville Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Emily J. ~~[illegible]~~ Baker (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Eva Carruthers Signature
155 S. Hayes Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 20th day of December, 1941.

(SEAL) A B Chase Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 11 1945 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345 227 0D1 125

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408450
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address ~~or R.F.D.~~ No. 5th & main
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Boise
   (d) Street Address or R.F.D. No. 5th & main
   (e) How long has **MOTHER** lived in Idaho? 1 1/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Roberta Cunningham

5. Date of Birth of Child (Month, day, year) February 27 1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Cunningham
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Sanilac (City or town) Mich. (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Abel
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Lexington (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born ~~alive~~ and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Montana
County of Sanders } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 (since birth) years, and that Mrs Getter (First name) ..... (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Cunningham Signature
White Pine Mont. P. O. Address

Subscribed and sworn to before me this 17 day of July, 1945.

(SEAL) H. S. Linscott, Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1945 [illegible] Registrar

NOTARY PUBLIC FOR THE STATE OF MONTANA
RESIDING AT THOMPSON FALLS, MONTANA
MY COMMISSION EXPIRES NOVEMBER 13TH, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 118 036 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408498
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No. none (small town)
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 67 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Ida

4. FULL NAME OF CHILD George Parkinson Marshall

5. Date of Birth of Child (Month, day, year) March 18, 1899

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Thomas Marshall, Jr.,
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and
15. Industry or Business merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Smart Parkinson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Franklin, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by La Vern M. Rogers, R.N. (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Alameda } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that Ellen (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

La Vern M. Rogers R.N. Signature
1445 Leavenworth St. S.F. Calif. P. O. Address

Subscribed and sworn to before me this 1st day of August, 1945.

(SEAL) John J. Bloom, Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-204004-339 409551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409551
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marvel Eva Chapin
5. Date of Birth of Child (Month, day, year) Febr. 4-1899
6. Sex Female
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnancy full
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Archibald Chapin
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Syracuse (City or town), New York (State or foreign country)
14. Exact Occupation Decorator and Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Cornelia Clifton
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Mendota (City or town), Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:05 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jessie (First name) Chapin (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature | M.D. Midwife | Address | Date

State of Idaho
County of Lem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 25 above, that I am now 75 years of age, that I have known this person for 46 years, and that Mrs (First name) Bridges (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie C. Chapin Signature
Emmett, Idaho R.1. P. O. Address

Subscribed and sworn to before me this 30th day of August, 19 45.
(SEAL) Walter Fielder Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 30 1945 by Walter Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851 115028 619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409567
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City Couer de Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 10 years 4 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County KOOTENAI
(c) City Couer de Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Bowen Heath

5. Date of Birth of Child (Month, day, year) Jan. 15 1899

6. Sex Male

7. Twin or Triplet If so—born 2nd,

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Percy V Heath
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Sterling (City or town) Illinois (State or foreign country)
14. Exact Occupation barber
15. Industry or Business barbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude E. Farr
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Pullman (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 46 years, and that Dr. (First name) Elderkin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude E. Morris Signature
2003 E. 47th, Seattle 5, Wash. Address

Subscribed and sworn to before me this 23 day of August, 19 45.
(SEAL) [signature], Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

566-213-002-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410857
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county — years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? — yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Ida

4. **FULL NAME OF CHILD** Rena Annivelle Harpe

5. Date of Birth of Child (Month, day, year) Apr. 13. 1899

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Talbert Harpe
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Little Rock Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Kessler
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace — (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that Mrs. Celia Poynot (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public for Oregon
My commission expires Feb. 28, 1947

William Alex Harpe Signature
Rt 2 Box 227 Bend Ore P. O. Address

Subscribed and sworn to before me this 10th day of August, 1940

(SEAL) G. W. Montgomery, Notary Public, residing at Bend, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-106-028-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410918
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** John Edward Johnson

5. Date of Birth of Child (Month, day, year) July 6 1899

6 Sex Male

7. Twin or Triplet no If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Eric Johnson
11. Color or Race White Am
12. Age at time of THIS birth 39 yrs.
13. Birthplace Pallox (City or town) Finland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Gold mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Erikson
17. Color or Race Finnish
18. Age at time of THIS birth yrs.
19. Birthplace Esse (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that the doctor (First name) ..... (Last name), who attended this birth ~~(is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia Graff Signature
8704 Meridian Ave P. O. Address

Subscribed and sworn to before me this 4th day of October, 1945.

(SEAL) L. Boodell, Notary Public residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1945 by Mary Folder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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559-105-006 213

411954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Thomas Verran

5. Date of Birth of Child (Month, day, year) Jan 5th 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Verran
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cornwall England (City or town) (State or foreign country)
14. Exact Occupation Shoe maker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Batten
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Hazelton Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of California
County of Los Angeles. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for from birth years, and that Emily B. Boswell (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emily B. Boswell Signature
600 E. Howard St. Pasadena, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of October, 1945.
(SEAL) Jesse R. Swan, Notary Public residing at Pasadena, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-213-003-353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 17 1945

State File No. 411962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: Born in U.S.
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Lago, Idaho

4. FULL NAME OF CHILD LEONA MARY BASSETT

5. Date of Birth of Child (Month, day, year) October 13, 1899

6. Sex Female

7. Twin or Triplet Twin — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Henry Bassett
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lee
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Tooele, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

~~24. I HEREBY CERTIFY, That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)~~

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Tennessee
County of Shelby } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Dr. Ellis R. (First name) Shipp (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Stainbrook — Signature
Memphis Tenn — P. O. Address

Subscribed and sworn to before me this 5th day of Oct, 1945

MY COMMISSION EXPIRES OCT. 7, 1945 — Notary Public, residing at Memphis, Tenn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-109.208-619

411968

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Vanwyck
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Vanwyck
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Vanwyck, Ida

4. **FULL NAME OF CHILD** Elmer Richard McShane

5. Date of Birth of Child (Month, day, year) April 9, 1899

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Luther Burchnal McShane
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Sioux City (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sina Jane Farmer
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8. (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Cowlitz } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that all persons (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rogers ..... Signature
Kelso, Wash. ..... P. O. Address

Subscribed and sworn to before me this 15th day of October, 1945

(SEAL) Edwin Reid, Notary Public, residing at Kelso, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-12-006-743

411996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida

4. **FULL NAME OF CHILD** George Alfred Williams

5. Date of Birth of Child (Month, day, year) Dec 22 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John A Williams
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruthie Vernon Puckett
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Fort Collins Colorado (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Contra Costa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 45 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruthie V. Williams Poole Signature
748 So 43rd St Richmond Calif Address

Subscribed and sworn to before me this 30th day of October, 1945.

(SEAL) Mary Cameron, Notary Public, residing at Richmond

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-217-006-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412018
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Nebraska~~ Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. rural
(e) How long has MOTHER lived in Idaho? about 15 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD LYNN RUTH Miller

5. Date of Birth of Child (Month, day, year) Jan. 17, 1899

6 Sex female 7. Twin or Triplet – If so—born 1st, 2nd, 3rd – 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Noah Miller
11. Color or Race white 12. Age at time of THIS birth about 29 yrs.
13. Birthplace Kansas (City or town) ~~Nebraska~~ (State or foreign country)
14. Exact Occupation farmer
15. Industry or ~~Business~~ farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Sarah Warren
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now X 59 years of age, that I have known this person for 46 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mallie Kirkpatrick Signature
~~232 So. Garfield~~ Pocatello, Ida. O. Address
244 So 6th Ave.

Subscribed and sworn to before me this 17 day of Oct, 1945
(SEAL) Teresa J. Merrill, Notary Public, residing at Pocatello Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-216-022-867 412028

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412028
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Menan Idaho

4. **FULL NAME OF CHILD** Sarah Zella Hart

5. Date of Birth of Child (Month, day, year) Jan. 16-1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Hart
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ogden, Weber Co. Utah. (City or town) (State or foreign country)
14. Exact Occupation Agriculture &
15. Industry or Business Livestock.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Hogge
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Centerville, Davis Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 46 years, and that Dr. Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Hart Green Signature
New Plymouth Idaho P. O. Address

Subscribed and sworn to before me this 7 day of November, 1945.

(SEAL) [illegible], Notary Public, residing at New Plymouth.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 8 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-815-035-864

412035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) 15.1899

4. FULL NAME OF CHILD Evalena Mae Johnson

5. Date of Birth of Child (Month, day, year) Aug 1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 9 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leslie Johnson
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Castile Pa. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Gertrude Young
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Lewistile Pa. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Hannie Johnson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Johnson Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Nov 1945.
(SEAL) Mary Felder, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 13 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412059
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1 Box 182
(e) How long has **MOTHER** lived in Idaho? 75 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Ida

4. **FULL NAME OF CHILD** Laura Edna Reese

5. Date of Birth of Child (Month, day, year) Oct 10 1899

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Lewis Reese
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Swansea (City or town) South Wales (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Hanier Reese
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Malad City (City or town) Ida (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that Mary Ann Adams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elva Daniels Reese Signature
Malad Ida P. O. Address

Subscribed and sworn to before me this 30 day of October, 1945.

(SEAL) [illegible], Notary Public, residing at Malad, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-113-022-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413053
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Independence
(c) Street Address or R.F.D. No. Don't Know
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county 0 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Independence
(d) Street Address or R.F.D. No. Don't know
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Earl Clarence Corey

5. Date of Birth of Child (Month, day, year) April 13 - 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Warren Eby Corey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Minta (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Byrne Corey
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mintah (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Name Not Known (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anne Byrne Corey Signature
2839 Adams Ogden Utah P. O. Address

Subscribed and sworn to before me this 15th day of November, 1945.

(SEAL) Edwood Williams, Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-211 025-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413057
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Denver
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Denver
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Elminia Grace Chase

5. Date of Birth of Child (Month, day, year) June 11, 1899

6. Sex girl.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert A Chase
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salem (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lillie Whitcomb
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Sonoma Co. Calif. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Martha Lillie Whitcomb (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Wallace — Signature
Grangeville Ida — P. O. Address

Subscribed and sworn to before me this 17 day of October, 1945

(SEAL) A B McCurdy, Notary Public, residing at Lapwai Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an adequate payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-224-125-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415332
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Ida.

4. **FULL NAME OF CHILD** Marybelle Buckingham

5. Date of Birth of Child (Month, day, year) Oct. 24, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Charles Buckingham
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Yamhill, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ross
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace New Byth, Scotland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Minnesota
County of St Louis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for Forty five years, and that Mrs. Samuel F. Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Buckingham Signature
2115 Lincoln Ave Duluth 3, Minn. P. O. Address

Subscribed and sworn to before me this 7th day of February, 1945

FORD A. ROLFE
NOTARY PUBLIC, St. Louis County, Minn.

(SEAL) Ford A. Rolfe Notary Public, residing at Duluth, Minn.
My Commission Expires April 24, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 1 1946 by Mark Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-101-008-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 415419
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 39 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) 38

4. FULL NAME OF CHILD Ralph Jefferson Davis

5. Date of Birth of Child (Month, day, year) April 1, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Taylor Davis
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Jacksonville (City or town) Oregon (State or foreign country)
14. Exact Occupation Store Owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Isabel Baird
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Castle Rock (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Clara Baird Davis (First name) (Last name), who is related to this child as Clara Baird Davis (Mother, etc.) mother.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 46 years, and that Dr. Warren Newell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Baird Davis Signature

825 Warm Springs Ave., Boise, Idaho P. O. Address

Subscribed and sworn to ~~before me~~ this 29th day of January, 1946.

(SEAL) [signature] Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1946 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462+120-037-572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHee (b) City Silver city
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County OWHee
(c) City Silver City
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 2 OWHEE, IDAHO

4. FULL NAME OF CHILD Solon William Dobson

5. Date of Birth of Child (Month, day, year) Sept 20, 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Dobson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Penrith (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining.

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Belle Egbert
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Glencoe (City or town) Minnesota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature Not Living M.D. Midwife Address Date

No other living relatives

State of Wash.
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am ~~the~~ a friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since childhood years, and that Joseph (First name) Dobson (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Sumner Carboneau Signature
2328 Cleveland - Everett, Wn. P. O. Address

Subscribed and sworn to before me this 5th day of Feby 1946.

(SEAL) M K Mitchell, Notary Public, residing at Everett, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by Mary Felder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-128-025-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 416399
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 2 years No months No days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City None
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ernest Edwin Sanders

5. Date of Birth of Child (Month, day, year) Mar. 28, 1899

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George F. San ders
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace State of Ind. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah L. Hodson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace State of Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~[illegible]~~ 80 years of age, that I have known this person for 46 years, and that Hannah George (First name), mid-wife (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah L. Sanders Signature

Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 27 day of Feb., 1946

(SEAL) John L. Phillips, Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible], Idaho Code Annotated.)

Received for filing on MAR 14 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-213-025-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417310
Local Reg. No. 417310
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery: In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Ga~~ Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Clearwater Idaho

4. FULL NAME OF CHILD Esther Marie Owen

5. Date of Birth of Child (Month, day, year) Oct 13 - 1899

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Milton Owen
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Carpenter
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Glenco (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Nancy (First name) Pell (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda C. Owen Signature

Route 6, 26 and Jerome Avenue P. O. Address

Subscribed and sworn to before me this 18th day of March, 1946

(SEAL) Kathryn Jacobson, Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 25 1946 by Mary Fyler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-209025-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418405
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lucy Irene Barnett

5. Date of Birth of Child (Month, day, year) June 9, 1899

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Ballard Barnett
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Annie Jones
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bartlet (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including ~~this child~~ 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Polk } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 46 years, and that Dr — (First name) ..... (Last name), who attended this birth is unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin B. Barnett Signature
R 2 Box 124 Dallas Address

Subscribed and sworn to before me this 25 day of April, 1946

(SEAL) My com. exp. 9/4/48, Notary Public, residing at Dallas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 119 044 314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In our home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows Idaho

4. FULL NAME OF CHILD Loyal Elmer Campbell

5. Date of Birth of Child (Month, day, year) Nov. 19, 1899

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Albert Campbell
11. Color or Race American
12. Age at time of THIS birth 41 yrs.
13. Birthplace Lawrence (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Franklin Campbell
17. Color or Race White American
18. Age at time of THIS birth 30 yrs.
19. Birthplace Warren (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeping house & caring for my children

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Elizabeth Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Dryden Signature
Meadows, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1946.

(SEAL) Carl G. Peterson, Notary Public, residing at New Meadows Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1946 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964-104029-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 419548
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Genesee
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** Frank William Rodgers

5. Date of Birth of Child (Month, day, year) Nov. 4 1899

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 1/2

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Rodgers
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cedar County (City or town) Iowa (State or foreign country)
14. Exact Occupation Railroader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Marie Rickert
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Nile Center (City or town) Illinois (State or foreign country)
20. Exact Occupation Worked on farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

~~State of~~ ~~County~~ of CANADA Province of Alberta } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Mrs Emma Cann (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W Rodgers Signature
Starvely Alberta P. O. Address

Subscribed and sworn to before me this 17th day of January, 1946

(SEAL) A Notary Public in and for the Province of Alberta, Notary Public, residing at Starvely Alberta

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred subsequent to ~~such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618-204022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419567
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Small
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
Born at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Small
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ? yrs.

3. RESIDENCE OF FATHER (city, state) Small Idaho.

4. FULL NAME OF CHILD Margaret May Foyle

5. Date of Birth of Child (Month, day, year) December 4, 1899

6. Sex Female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~ No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Heaton Foyle
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella May Thomas
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Father, Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs. Ida M. (First name) Leonardson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Heaton Foyle Signature
Dubois P. O. Address

Subscribed and sworn to before me this 8th day of June, 19 45.
(SEAL) H. R. Harper United States Commissioner, Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1946 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-214025 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 423233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Clara L. Goda

5. Date of Birth of Child (Month, day, year) Feby. 14, 1899

6. Sex Female 7. Twin or Triplet x If so—born 1st, 2nd, 3rd x 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm. J. Goda
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Rose
17. Color or Race White 18. Age at time of THIS birth x yrs.
19. Birthplace x (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living x

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was xx (Born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by xx (First name) (Last name), who is related to this child as xx (Mother, etc.)

25. Attendant's **OWN** signature xx M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now x years of age, that I have known this person for 42 years, and that Dr. W. F. Shawley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Goda Gates Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of November, 1941
(SEAL) H. Mothness Notary Public, residing at Grangeville, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W. Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth within the allowed extension of such [illegible] for the purpose [illegible] Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-115004-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424621
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Albany
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Approx 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** STANLEY EUGENE BOURNE

5. Date of Birth of Child (Month, day, year) Dec. 15, 1899

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** EUGENE BOURNE
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business U.P.R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL BRAMMER
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Laramie, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Doctor Hoover - - - - - - - - - - - - (First name) (Last name); who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ethel Brammer Bourne
Signature
519-E So. Fir Ave., Inglewood, Calif.
P. O. Address

Subscribed and sworn to before me this 20th day of September, 1946.

(SEAL) Kathryn H. Breece Kathryn H. Breece, Notary Public, residing at Inglewood, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-110-037-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None - At home of parents
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Silver City, Idaho

4. **FULL NAME OF CHILD** Robert Lewis Miner

5. Date of Birth of Child (Month, day, year) April 10, 1899

6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett Andrus Miner
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Clinton (City or town), Iowa (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jane Roberts
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Belmont (City or town), Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living Only

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3:32 P. M. on the date and at the place stated above, and that personal particulars were furnished by Clara J. Miner (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Yuba } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Dr. G. H. Weston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara J. (Miner) Siepert Signature
Rt. 1 - Box 877 D - Sacramento, Calif. Address

Subscribed and sworn to before me this 26th day of October, 1946.
(SEAL) Wilma A. Schmutzler, Notary Public, residing at Marysville, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-202-02K-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry

4. FULL NAME OF CHILD Emma Wilhelmine Katharina Tank

5. Date of Birth of Child (Month, day, year) Feb. 22, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Frederick Tank
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Wilhelmine Augusta Jacobs
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Wilhelmine (First name) Tank (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Marie (First name) Jacobs (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilhelmine Tank Signature
E. 1803 Sharp Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1946

(SEAL) Lloyd Carr Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-205 (029-433)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 426029
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home: Own farm home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Kallona Joy Hardin

5. Date of Birth of Child (Month, day, year) October 5, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Westley Hardin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Altoona, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Anna McTyghe
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Des Moines, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 (12/11/1878) years of age, that I have known this person for 46 years, and that Unknown to me (First name) (Last name), who attended this birth is undoubtedly dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Hardin — Signature

Fruitland, Idaho — P. O. Address

Subscribed and sworn to before me this 22 day of October, 1946

(SEAL) ..... Notary Public, residing at New Plymouth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John W Wright Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-205-014-693

426056

426056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426056
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton Ida.

4. **FULL NAME OF CHILD** Bessie Alma Baye

5. Date of Birth of Child (Month, day, year) 8-5-1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Baye
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Green Co. (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elmeda Wilson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Jasper Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 47 years, and that Dr. Ed Maxey (First name) (Last name), who attended this birth ~~(is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Henry Baye Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 8th day of October, 19 46

(SEAL) Lucille, Notary Public, residing at Emmett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1946 by John H. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-202:014-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa

4. FULL NAME OF CHILD Elsie Belinda Bland

5. Date of Birth of Child (Month, day, year) April 2-1899

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Warren Bland
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Viola Watson
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Ida Grove Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Santa Cruz } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that Kohler (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires April, 19 1948

Thomas Warren Bland Signature
San Martin Calif P. O. Address

Subscribed and sworn to before me this 4th day of November, 1946

(SEAL) Roy M. Sayre Notary Public, residing at Watsonville Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-125044 6B

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 430477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Near Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Grandmothers home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county yrs years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Cambridge
3. RESIDENCE of FATHER (city, state) Cambridge Ida

4. FULL NAME OF CHILD William Scott Thorp
5. Date of Birth (Month, day year) Sept 25 1899
6. Sex Male
7. Twin or Triplet — If so—born ~~1st~~, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? +

FATHER OF CHILD
10. **FULL NAME** James Thomas Thorp
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace John Day (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margret Edith Wallace
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Centerville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Chemical Drops
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4 o'clock P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs James J. Thorp (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) JAN 28 1947 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's OWN signature L Blanche Shannon M.D. (Dr., Midwife, etc.) and address Boardman Oregon Date June 18-42

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, L. Blanche Shannon, being first duly sworn, say that I am related to William Scott Thorp (Related to (or) acquainted with) (Name of person on certificate above) as his aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that myself (Name of attendant at birth), who attended said birth have made this affidavit since (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Parents are both deceased

L Blanche Shannon Signature
Boardman Oregon P. O. Address

Subscribed and sworn to before me this 18 day of June, 1942
(SEAL) [illegible] Notary Public, residing at Council Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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691 223029-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430485
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD Juanita Frazier

5. Date of Birth of Child (Month, day, year) May 23, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William M. Frazier
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Jackson (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Pamela Scott
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Mine Lamotte (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for over 47 years, and that Dr. W. W. Watkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Lena Sudderth Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January 1947

(SEAL) Denise Dahnert Ex-Officio Auditor and Recorder, ~~Notary Public~~, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-211 021-685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: family residence
(e) Mothers stay BEFORE delivery: In THIS county 5 years 4 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Ida.

4. FULL NAME OF CHILD Phebe Almeda Robinson

5. Date of Birth of Child (Month, day, year) Sep. 11, 1899

6. Sex Female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elijah Robinson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucinda Almeda Wheeler
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Sarah Ann Hawks (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda Almeda W. Robinson — Signature
Providence, Utah — P. O. Address

Subscribed and sworn to before me this 28 day of January, 1947.
(SEAL) Floyd M. Theurer, Notary Public, residing at Providence, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 209 037 - 349

430529

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430529
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Idaho

4. **FULL NAME OF CHILD** NINA Rose Turner

5. Date of Birth of Child (Month, day, year) Sept 9, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William I Turner
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bruneau (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Cattle Raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Turmes
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Yankton, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Susanna (First name) Turmes (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Turner. Signature

P. O. Address

Subscribed and sworn to before me this 15 day of February 1947

(SEAL) Ira E. High, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

352-125-021-019

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 431940
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Locust Grove
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Locust Grove
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Harry Milton Leslie

5. Date of Birth of Child (Month, day, year) May 3, 1899

6. Sex Male **7.** Twin or Triplet – If so—born 1st, 2nd, 3rd – **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward E. Leslie
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Forest City (City or town) Missouri (State or foreign country)
14. Exact Occupation Brick Setter
15. Industry or Business Brick Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clarabell Haines
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Leavenworth (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Dr. (First name) Haley, M.D. (Last name) who attended this birth Is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Edward E. Leslie Signature
1707 E. 2nd Avenue, Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 25th day of February, 19 47.
(SEAL) R. J. Miller Notary Public, residing at Spokane.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1947 by John W. Wright Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-107-014-154

433403

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 433403
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Franklin District
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Lower Boise City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Born in Idaho yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Michael Andrews Compton

5. Date of Birth of Child (Month, day, year) November 7 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8 Months

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Randolph Compton
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Booneville, (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Clementine Andrews
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lower Boise, (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. (First name) F.W. Compton (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie C. Compton — Signature
Box 2148. Boise, Idaho — P.O. Address

Subscribed and sworn to before me this 5th day of May, 1947

(SEAL) [illegible] Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 5, 1947 by John W. Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW*

(1937 Session Laws, Chapter 139, Section 4)

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485-2021014-863 433404

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433404
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ruth Margarete Myers

5. Date of Birth of Child (Month, day, year) Nov. 2-1899

6 Sex female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Love Myers
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Seymour (City or town) Indiana (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Holmes
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Bornholm (City or town) Denmark (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that Mrs Litston (First name) ..... (Last name), who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret McMitchell Signature
5743 Beaubien Ave. L.A. Calif P. O. Address

Subscribed and sworn to before me this 10th day of May 1947

(SEAL) Walter Hyden Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-210020-553

APR 12 1947

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 433433
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Glenn's Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenn's Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Glenn's Ferry Idaho

4. **FULL NAME OF CHILD** Ruth Jerrine Orr

5. Date of Birth of Child (Month, day, year) Aug. 10, 1899 (1899)

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Orr
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Plattsburg, Missouri (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Nelson
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Glenn's Ferry, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Peters (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary E. Peters M.D. Midwife Address 4006 N. E. Hazelfern Pl. Portland, Ore. Date 3/5/47

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 47 years, and that Mary E. Peters (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Peters
Signature
714 Milwaukee Ave., Deer Lodge, Mont.
P. O. Address

Subscribed and sworn to before me this 15th day of March 1947

(SEAL) Theo Hemming, Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W. Wright Jr., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-214-025-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436385
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand, Idaho

4. FULL NAME OF CHILD Nora Frederick

5. Date of Birth of Child (Month, day, year) Nov. 14, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Frederick
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Cleveland, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Lusk
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bohemia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 7 (b) Born alive and now living 5.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 47 years, and that Jenny (First name) Hanson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Frederick Signature
Ferdinand, Idaho P. O. Address

Subscribed and sworn to before me this 13th. day of May, 1947.

(SEAL) Harry J. Hanley Notary Public, residing at Grangeville, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 3 St
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. ~~4~~ 3 St
(e) How long has **MOTHER** lived in Idaho? ~~since~~ 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Boise

4. FULL NAME OF CHILD Speed Edward Garrett

5. Date of Birth of Child (Month, day, year) Sept 4 1899

6 Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Speed A Garrett
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Kentucky. (City or town) (State or foreign country)
14. Exact Occupation Labor.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Francis McBurney
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that Dr. Geo. Bailey (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Francis McPhail Signature

P. O. Address

Subscribed and sworn to before me this 27th day of June 1947.

(SEAL) Mary Felder Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-116-008-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 437810
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (Valley) (b) City
(c) Street Address or R.F.D. No. VanWick, Ida
(d) Name of Hospital or Maternity Home: Farm home
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise (Valley)
(c) City P.O. VanWick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) VanWick, Boise Co

4. FULL NAME OF CHILD Roy Earl Hurd

5. Date of Birth of Child (Month, day, year) Feb. 16, 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur L. Hurd
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lansing, Michigan (City or town) (State or foreign country)
14. Exact Occupation Stock man
15. Industry or Business Cattle raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara BelleGranger
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Athens, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for life years, and that Dr. D. B. Tuttle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Morrison Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of June, 1947.

(SEAL) Lucile R. Sea, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-130-003-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 11 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437835
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Melvin Morgan Keller

5. Date of Birth of Child (Month, day, year) Jan 30, 1899

6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Morgan Keller
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Montana (City or town) Utah (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Baird
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above that I am now 79 years of age, that I have known this person for 48 years, and that Minnie Senk (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Keller
Signature
Logan, Utah
P. O. Address

Subscribed and sworn to before me this 1st day of June, 19 47.

(SEAL) Etta Clarke Petty, Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263 22003-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440812
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Freedom
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Thatcher, Idaho

4. FULL NAME OF CHILD Cleo Jean Bollwinkel

5. Date of Birth of Child (Month, day, year) May 20, 1899

6 Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Alonzo Bollwinkel
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Arletta Peck
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Brighton, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ~~Aide~~ mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ~~Idaho~~ Wyoming
County of ~~Bannock~~ Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 72 years of age, that I have known this person for 45 years, and that Jane C. Hale (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arletta Bollwinkel Signature

My commission expires May 14, 1949 Grace, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of Aug. 1947

(SEAL) S. J. Jenkins Notary Public, residing at Freedom, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-227 029 372

440861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440861
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Princeton, Idaho

4. **FULL NAME OF CHILD** Arvilla May Parker

5. Date of Birth of Child (Month, day, year) 5-22-1899

6. Sex Female Twin or Triplet? If so—born Arvilla May Parker —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William James Parker
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Perth (City or town) Ontario (State or foreign country) Canada
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Azalea Cairney
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace La Fayette (City or town) Illinois (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 1 ~~(b) Born alive and now living~~ Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Johanna (First name) Chambers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Azalea Parker Signature
E 416 Dalton Ave Spokane wash. P. O. Address

Subscribed and sworn to before me this 19th day of June, 1946.

(SEAL) Ewt Hoby, Notary Public, residing at Spokane, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1947 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

555-204-022-613 4-13-84 443584

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Burton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Burton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Burton Ida.

4. FULL NAME OF CHILD Geraldine Neeley.

5. Date of Birth of Child (Month, day, year) May 4 1899

6 Sex female 7. Twin or Triplet If so, born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos William Neeley
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bear River City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada May Watts
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Milton (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ~~[illegible]~~ uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for birth years, and that Mary Ann (First name) Watts (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J Austin Walls Signature
Box 115 Logan Ut P. O. Address

Subscribed and sworn to before me this 28th day of October, 1947

(SEAL) Eldred G Waldron Notary Public, residing at Logan, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893-225-010-235

443588

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 443588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ✓ (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county two years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ✓
(c) City Idaho Falls
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? Fifteen yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Abbie Elizabeth Hill

5. Date of Birth (Month, day year) April 25-1899

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George David Hill
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Clinton (City or town) Iowa (State or foreign country)
14. Exact Occupation Rail Road Agent
15. Industry or Business Rail Road Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bird May Sleeper
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 29 1947 (Date received) (b) John W. Wright (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of Kern } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bird May Hill, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Abbie Elizabeth Little (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Henry Page (Name of attendant at birth) who attended said birth Is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Bird May Hill Signature
257 Belmont Ave. Long Beach Calif. P. O. Address

Subscribed and sworn to before me on this ..... day of NOV 23 1947 19..
(SEAL) Arthur L. Lot NOTARY PUBLIC Notary Public, residing at Taft Calif.
In and for the County of Kern State of California My Commission Expires Nov. 14, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-102-008-955 443626 443626

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 352
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Quartzburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home - residence
(e) Mothers stay BEFORE delivery: In THIS county 28 years 6 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Quartzburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Quartzburg-Ida

4. FULL NAME OF CHILD Jacob Nelson Groomer

5. Date of Birth of Child (Month, day, year) January 2-1899

6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh Barnes Groomer
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Savannah (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Reed
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Granite Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 48 years, and that Mrs Mary Haly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Groomer Murman Signature
Placerville, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of November, 1947.
(SEAL) Henrietta Pearce, Notary Public, residing at Placerville Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 11-1947 by Mrs. E. S. Robson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551 711-U 21 696

445015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445015
~~Local Reg~~ No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklyn (b) City Weston
   (c) Street Address or R.F.D. No. Fifield Farm
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho & Utah Stateline
   (d) Street Address or R.F.D. No. Weston Ida.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Utah & Ida

4. **FULL NAME OF CHILD** Claude Raymond Horne Evans

5. Date of Birth of Child (Month, day, year) 12-13-1899

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Washington Horne
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace not known (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Jane Fifield
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Fort-Hall (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 48 years, and that Mrs Maha (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Elnora Horne) Mrs Elnora Gooch — Signature
1124 5th North Seattle Wash — P. O. Address

Subscribed and sworn to before me this 14th day of October, 1947

(SEAL) Nell E Jeffs, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Havre Mont
Dec - 14 - 47

Department of Public Health
Boise Idaho

Mr. John W Wright

Dear sir —
In regard to your letter of Dec 5-
-47 as to my the name of Evans
on the end of my name

I have went by the name
of Claude Raymond Evans ever
since I was about four years
old. on the account that was
my step dads name. So everybody
knows me by that name all so
served in World war #2 by the
name of Evans. So in order to
git my Rail Road retirement pension
I would half to have Evans on
the last part of my name as I
have worked for the G.N.R.Y for

(2)

445015

32 years by the name of
Claude Raymond Evans.

So I dont see how I can
Change it back to Horne unless
I went to Law.

Yours Truly

DEC 16 1947

Claude R. Evans
po, BX. 154
Havre Montana

997-125-001-217

446294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446294
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Arnold Ralph Riggs

5. Date of Birth of Child (Month, day, year) May 25, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Riggs
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Fruit Buyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian May Saxton
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Doctor Bowers (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian May Hornback Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of January 1948.

(SEAL) Mabel Fielder, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/2/48 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-102-035-291

446326

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City CAMERON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 4 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City CAMERON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** CARL HENRY WENDT

5. Date of Birth of Child (Month, day, year) Oct. 2nd 1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CARL F. WENDT
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace SCRIBNER (City or town) NEB. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE D. BRAMMER
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace GERMANY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for always years, and that DR. STONEBURNER (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Moeller Signature
CAMERON IDAHO P. O. Address

Subscribed and sworn to before me this 30th day of DECEMBER, 1947.

(SEAL) [illegible], Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/13/48 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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685-119-40-577

447663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File N 447663
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) Wardner
   (a) County SHOSHONE (b) City IDAHO
   (c) Street Address or R.F.D. No. nestror house no -
   (d) Name of Hospital or Maternity Home: Child was born in the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner Idaho

4. **FULL NAME OF CHILD** Ernest Eugene Wheeler

5. Date of Birth of Child (Month, day, year) Oct 19, 1899

6. Sex Male.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Landrum Wheeler
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Monroe County Mo. (City or town) (State or foreign country)
14. Exact Occupation Common Labor.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ellen Epperly.
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Love Lake Macon Co. Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Laura Ellen Epperly (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature (nurse unknown) M.D. Midwife Address Laura Ellen Epperly Wheeler. Date M.D. name not available

AFFIDAVIT

State of California
County of Fresno Co } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all his life years, and that The Doctor (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Wheeler Signature
2722 N. McCall Selma Calif. P. O. Address

Subscribed and sworn to before me this 19th day of January, 1948
(SEAL) Helen M. Miller Notary Public, residing at Fresno Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1948 by John W. Wright Registrar

JAN 26 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

384-206-029-391 447669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447669
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Id.

4. **FULL NAME OF CHILD** Alice Evangeline Church

5. Date of Birth of Child (Month, day, year) Aug 6, 1899

6. Sex Female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William L. Church
11. Color or Race English
12. Age at time of THIS birth unknown yrs.
13. Birthplace Halifax N.S. Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Alice Crawford
17. Color or Race White English
18. Age at time of THIS birth 36 yrs.
19. Birthplace Eugene, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna E. Tabor (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 48 years, and that Mrs (First name) Mc Guire (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E. Tabor Signature
Kelso, Wash. P. O. Address

Subscribed and sworn to before me this 26th day of January, 1948.
(SEAL) John A. Gough, Notary Public, residing at Longview, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

314-122-001-893

447677

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447677
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Boise
   (c) Street Address or R.F.D. No.: North 12 St.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Ada
   (c) City: Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state): Same

4. **FULL NAME OF CHILD**: Gene Laddusaw

5. Date of Birth of Child (Month, day, year): 7/22/1899

6. Sex: Male

7. Twin or Triplet: Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: John Lewis Laddusaw
11. Color or Race: White
12. Age at time of THIS birth: 38 yrs.
13. Birthplace (City or town): Decature (State or foreign country): Iowa
14. Exact Occupation: Transfer business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Annabell Hilt
17. Color or Race: White
18. Age at time of THIS birth: 28 yrs.
19. Birthplace (City or town): Decatur (State or foreign country): Iowa
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 48 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. L. L. Gramer Signature
Box 460. R. 2 Vancouver Wn P. O. Address

Subscribed and sworn to before me this 28th day of January 1948

(SEAL) Walter Weber, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/28/48 by John Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-211-019-368

447690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447690
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Custer (b) City: Houston
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at family residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county: 6 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Custer
(c) City: Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address: Houston

3. **RESIDENCE OF FATHER** (city, state) Houston Idaho

4. **FULL NAME OF CHILD:** Anna Teresa Donahue

5. Date of Birth (Month, day, year): 1-11-1899

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Peter Donahue
11. Color or Race: White
12. Age at time of THIS birth: 38 yrs.
13. Birthplace: Huntingdon (City or town) Canada (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Julia Gertrude Coyle
17. Color or Race: White
18. Age at time of THIS birth: 18 years
19. Birthplace: Andenried (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 4
(c) Born alive and now dead: 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 2 1948 (Date received) (b) John [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Wash.
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marcella C. Shea, being first duly sworn, say that I am Related (Related to (or) acquainted with) Anna Teresa Donahue (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie McKelvey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marcella C. Shea — Name
1537 West 57th Seattle Wash. — P. O. Address

Subscribed and sworn to before me on this 16 day of July 1943

(SEAL) F G Bemis Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-227006-869

447738

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447738
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No. Rfd # 2
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No. Rfd # 2
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goshen Idaho

4. **FULL NAME OF CHILD** Lovina Clara Monson

5. Date of Birth of Child (Month, day, year) 12-27-1899

6 Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Neils Julius Monson
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julie Jorgensen
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Odence (City or town) Denmark (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Alice Sessions (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julie Jorgenson Monson Signature
Shelley R. F. D. #2, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1948

(SEAL) ..... Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

813-207-014-859

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child) 30

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD EMMA LILLIAN HALL

5. Date of Birth (Month, day, year) Jan. 7, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Henry Hall	16. FULL MAIDEN NAME Rosa Yergenson
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 27 yrs.	18. Age at time of THIS birth 25 yrs.
13. Birthplace New Burnside, Ill (City or town) (State or foreign country)	19. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Contractor	20. Exact Occupation Housewife
15. Industry or Business Building	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 4 1948 (Date received) (b) John W Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Parrish, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Emma Lillian Hall (Name of person on certificate above) as I was a neighbor at the time of this birth (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Victoria Witt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ella F. Parrish Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of September, 1942

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
My Commission expires October 13, 1944

FILE # FROM 30 TO DE48-0030 11/14/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339-113-003-132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0044
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. ?
   (d) Name of Hospital or Maternity Home: AT HOME ?
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. Un Known
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Russell Alvin Clinkenbeard

5. Date of Birth of Child (Month, day, year) Feb. 13, 1899

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9mos. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Clinkenbeard
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Fairfield (City or town) Iowa (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Railways - Men's Supplies

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Albers
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Heide (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 49 years, and that Dr. Bean (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustin A. Clinkenbeard Signature

4220 Grove St., Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 28 day of February, 1948

(SEAL) Eva M. Furman, Notary Public, residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-105-016-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0057
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley village
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   He was born at home
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley a village
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho

4. **FULL NAME OF CHILD** Wilford Lyle McMurray

5. Date of Birth of Child (Month, day, year) 5 Oct 1899

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WilfordEaliss McMurray
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Grantsville Tooele Co Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher & stock Grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rozalia Vilate Snedaker McMurray
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

State of California
County of Fresno } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Dr. J. H. HANBERG (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rozalia V. S. McMurray Signature
5396 Illinois Ave Fresno Calif P. O. Address

Subscribed and sworn to before me this 4th day of March, 1948.

(SEAL) Adolf Radtke Notary Public, residing at 1933 Tulare Fresno Calif
My Commission expires Feb 1, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-123-003-815

United States Department of Commerce Bureau of the Census

APR 16 1948

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0203
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 9th., Avenue
   (d) Name of Hospital or Maternity Home: Born in our home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 9th., Avenue
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** Karl Brooks

5. Date of Birth of Child (Month, day, year) April 23, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Edwin Brooks
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Chambersburg, (City or town) Illinois. (State or foreign country)
14. Exact Occupation Retired railroad official
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine D. Hannaford
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Milwauke, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Dr. J. H. Bean, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Chas. E. Brooks Signature

1730 Warwick Rd. San Marino, Cal. P. O. Address

Subscribed and sworn to before me this 8th day of April, 1948.

(SEAL) H. Cunningham, Notary Public, residing at San Marino, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 17, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-107-006-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0270
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Charles LeRoy Whitney

5. Date of Birth of Child (Month, day, year) March 7, 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willis Elmer Whitney
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lowry City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Stage Driver
15. Industry or Business U. S. Mail

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Mae Stinson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Dewdrop, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 49 years, and that Dr. J. B. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willis Elmer Whitney Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of April, 1948.

(SEAL) Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-228-005-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mothers stay BEFORE delivery: In THIS county three years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Marysville
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Benewah - Marysville Idaho

4. FULL NAME OF CHILD Sylvia Hansen

5. Date of Birth of Child (Month, day, year) September 28, 1899

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Christian Hansen
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Chambers
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Pocatello (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Canada
County of Province of Alberta } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Elder sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for 48 years, and that Doctor, Nurse or attendant (First name) (Last name), who attended this birth Cannot be located (Is now deceased) (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herold Fynette Berrie Signature
Red Deer Alberta, Canada P. O. Address

Subscribed and sworn to before me this 5th day of May 1948

(SEAL) [illegible], Notary Public, residing at Red Deer Alberta

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1948 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-221-003-894

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0309
Local Reg. No.
Reg. Dist. No.

1. [redacted] OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Company Row
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Company Row
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) 3

4. FULL NAME OF CHILD Ada Florence Hall

5. Date of Birth of Child (Month, day, year) May 21, 1899

6. Sex Fem[illegible]

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John William Hall
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Charlotte Town Prince Edw. Island, Canada (City or town) (State or foreign country)
14. Exact Occupation Route agent, Pacific
15. Industry or Business Express Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Myrtle Himstreet
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Madora Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Dr. (First name) Bean (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise G. Himstreet Signature
1235 Leaved Ave. P. O. Address

Subscribed and sworn to before me this 7th day of April, 1948

(SEAL) Carson M. Richards Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 10, 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-210-022-895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0439
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Cache
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary hannah Meikle

5. Date of Birth of Child (Month, day, year) Dec. 10, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Meikle
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Hind
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Dec. 10, 1899 on the date and at the place stated above, and that personal particulars were furnished by Father (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all her life years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Susie Hind Meikle Signature
Smithfield Utah P. O. Address

Subscribed and sworn to before me this 12 day of June, 1948
(SEAL) Hyrum H. Peterson, Notary Public, residing at Smithfield
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on JUN 23 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-227-04-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0463
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell 409 Cleveland
   (d) Street Address or R.F.D. No. ~~Route~~
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10

4. **FULL NAME OF CHILD** Mildred Alice Bartlett

5. Date of Birth of Child (Month, day, year) Jan 27-1899

6. Sex Female

7. Twin or Triplet ×

If so—born 1st, 2nd, 3rd ×

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Norton Brown
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Pittsburg (City or town) Penn (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie May Mullinix
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Paradise (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Osborn (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 49 years, and that Dr. Isham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Osborn Signature

P. O. Address

Subscribed and sworn to before me this 1st day of July 1948

(SEAL) Marie Kleen, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code, Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-222-029-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0482
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Agnes Joanne Eikum

5. Date of Birth of Child (Month, day, year) Jan. 22, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew J. Eikum
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Svangstu
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Marie Svangstu Eikum (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 49 years, and that Anna (First name) Freng (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Eikum Signature
1106 11th St., Lewiston, Idaho Address

Subscribed and sworn to before me this 7th day of July 1948

(SEAL) [illegible], Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-214-001-55-6

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0629
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lena Douglas

5. Date of Birth of Child (Month, day, year) Jan 14 1899

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy yes

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wm Douglas
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kansas City (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia May Newbanks
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Springer (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Jordyn Signature
1611 Idaho St P. O. Address

Subscribed and sworn to before me this 25th day of August, 19 48
(SEAL) Mary Helen, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 25, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816 - 121-021 - 314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0982
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 39 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Idaho.

4. **FULL NAME OF CHILD** Harold Hawkes.

5. Date of Birth of Child (Month, day, year) Nov 21 1899

6 Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hawkes.
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Essex Hockley England. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Lamb.
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Lehi Utah. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER. (Mother, father) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 48 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W M Hawkes Signature

P. O. Address

Subscribed and sworn to before me this 4th day of June, 1948.

(SEAL) Sarah S. Solomon Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 2, 1948 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1940

FILE # FROM 982 TO DE48-0982 1/23/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-217-022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1120
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 6 months ~~X~~ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.

4. **FULL NAME OF CHILD** Venice Claire North

5. Date of Birth of Child (Month, day, year) Feb. 17, 1899

6 Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward North
11. Color or Race white
12. Age at time of THIS birth ... yrs.
13. Birthplace Madison (City or town) Wisconson (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doty Florence Andreas
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Indianola (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) ... (Last name) who is related as ... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Doctor (First name) Middleton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Nelson Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1949.
(SEAL) Ex Officio Probate Judge, ~~Notary Public~~, residing at St. Anthony
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 31, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1949

FILE # FROM 1120 TO DE49-1120 2/6/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-201
004-655

RECEIVED
FEB 9
DIV. OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1151
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county ---- years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ---- yrs.

3. RESIDENCE OF FATHER (city, state) Ovid, Idaho

4. FULL NAME OF CHILD Gladys Skinner

5. Date of Birth of Child (Month, day, year) Dec 1, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Skinner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Jensen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the husband (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr C A Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George A Jensen Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of December, 1948.

(SEAL) Louis Felt, Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 9, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1949

FILE # FROM 1151 TO DE49-1151 2/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-112-001-893

RECEIVED

FEB 9 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Jeruson St.
(d) Name of Hospital or Maternity Home: --
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Jeruson St.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Gilbert Bryan Gillespie

5. Date of Birth of Child (Month, day, year) Aug. 12, 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin David Gillespie
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Excavating Contractor
15. Industry or Business Excavating

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Hickman
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Cedar City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Nevada
County of Lyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 49 years, and that Franklin David (First name) Gillespie (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank A. Gillespie (Signature)
Yerington - Nevada Box 81 P. O. Address

Subscribed and sworn to before me this 4th day of February 1949

(SEAL) Anna J. Sundquist, Notary Public, residing at Yerington Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 9, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1949

FILE # FROM 1152 TO DE49-1152 2/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-211-030-685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county 6 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) May

4. FULL NAME OF CHILD Louise Ellis

5. Date of Birth of Child (Month, day, year) 11/11/1899

6 Sex female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Boise Basin Ellis
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Boise Basin (City or town) Boise Valley (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Helen Wheeler
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am ~~the~~ a friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 49 years, and that Mrs Dodge (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Martin Signature
May P. O. Address

Subscribed and sworn to before me this 28th day of March, 1949.

(SEAL) Vina Thompson, Notary Public, residing at May

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 4, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1949 MAY 12 1964

FILE # FROM 1212 TO DE49-1212 2/12/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-201-001-95-8

RECEIVED

MAR 16 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1253
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1893-1899
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** EVA LEE MINER

5. Date of Birth of Child (Month, day, year) January 1, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ross Miner (9-20-68)
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Corodon, Iowa (on farm near) (City or town) (State or foreign country)
14. Exact Occupation Letter Carrier, U.S.P.O.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Kathleen Meyers
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Winona, Minnesota (10-7-61) (City or town) (State or foreign country)
20. Exact Occupation Housewife & dressmaker
21. ~~Industry or Business~~ Married May 12, 1897

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington, County of King } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87½ years of age, that I have known this person for all her life years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mildred K. Miner Signature

5702 31st Ave. N. E. P. O. Address

Subscribed and sworn to before me this 14th day of March, 1949.

(SEAL) Vida V. Pressen, Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 16, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-201-003-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1270
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 11 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Valeda Innes Rose

5. Date of Birth of Child (Month, day, year) March 1, 1899

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Marcus Rose
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oroville (City or town) California (State or foreign country)
14. Exact Occupation Railroad Fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Parkinson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Crook } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that Dr. Castle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Marcus Rose
Signature

Box 176, Prineville, Oregon
P. O. Address

Subscribed and sworn to before me this 16 th day of March, 1949

(SEAL) Nora J. Stearns, County Clerk, ~~Notary Public, residing at~~ By Dolores Kramer Deputy Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 21, 1949 by W. L. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-216-086-689

RECEIVED
MAY 7 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1413
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. North 13th
   (d) Name of Hospital or ~~Maternity~~ Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. North 13th
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Irene N. Kincaid

5. Date of Birth of Child (Month, day, year) 9-16-1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Spears Kincaid
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Harrison County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary P. White
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Weston Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary P. Kincaid (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Dr. Fairchilds (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary P Kincaid Signature

Middleton, Idaho Box. 24 P. O. Address

Subscribed and sworn to before me this 5th day of May, 1949

(SEAL) Goldie A. Posey, Notary Public, residing at Middleton, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-212-028-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1447
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City St. Joe
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St. Joe
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Joe, Idaho

4. **FULL NAME OF CHILD** Marguerite Alla Girard

5. Date of Birth of Child (Month, day, year) April 12, 1899

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter E. Girard
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Saint Luc de Mataine, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Marie Humes
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Gravois Mills, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ..... years, and that Beth (First name) Reed (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Marie Girard Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of May, 1949.
(SEAL) Pauline Johnson, Notary Public, residing at Wallace
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 - 208 - 028 - 418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 2 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 1/6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pearl Leo Curtis

5. Date of Birth of Child (Month, day, year) JUN. 8, 1899

6. Sex fem.

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alexander Curtis
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace rural Washington County, (City or town) Arkansas (State or foreign country)
14. Exact Occupation saw-mill employee
15. Industry or Business lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Mayes
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Johnson, Ark. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that Dr. Smallhouser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Alexander Curtis
Signature

Newport, Washington,
P. O. Address

Subscribed and sworn to before me this 9 day of May, 19 49.

(SEAL) Edmund T. Bingham Notary Public, residing at Newport, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-228
004-884

RECEIVED
MAY 16 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1455
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Liberty
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Liberty
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lyla Leuann Lyon

5. Date of Birth of Child (Month, day, year) July 28, 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Lyon
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hyde Park, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Saloma Leuann Hymas
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Liberty, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Mary Hymas (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Saloma H. Lyon Signature

8/6 W. Sevier, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1949

(SEAL) ..... Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-207-040-689

United States Department of Commerce Bureau of the Census

MAY 24 1949

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1482
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: Home
In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan Idaho

4. FULL NAME OF CHILD Delia Amanda Hammer

5. Date of Birth of Child (Month, day, year) 3-7-1899

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 6th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Andrew Hammer
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Arion (City or town) Sell (State or foreign country)
14. Exact Occupation Broker
15. Industry or Business Mineing

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosella White Hammer
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Birch Creek (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9.9, M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Roella Shelhamer M.D. Midwife Address 404 S. 6 Ave Yakima Wash Date 5-20-49

AFFIDAVIT

State of Washington
County of Yakima } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roella Shelhamer formerly Roella Hammer
Signature
P. O. Address

Subscribed and sworn to before me this 20th day of May, 1949.

(SEAL) O. N. Watt, Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 24, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7695-122-0322-913

United States (Be sure the information is as of date of birth of THIS child) File No. 1949DE49-1600
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida

4. FULL NAME OF CHILD Lowell Julian Winchester

5. Date of Birth of Child (Month, day, year) April 22, 1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Winchester
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Sheep owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bena Ralston
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living not living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Bena Winchester (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature X W. L. Warrak M.D. Midwife Address Shoshone Idaho Date April 2-1899

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for about 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X W. L. Warrak Signature
Shoshone Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April 1942
(SEAL) A. M. Mahan Notary Public, residing at Shoshone Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 30, 1949 by W. [illegible], Registrar.

MAR 18 1963

JUN 18 1963

LAW

, Section 4)

to the effective date of
n recorded, or in case of

est of kin or guardian, or some person having direct knowledge
e premises.

JUN 30

DELAYED

585-108-006-585

RECEIVED
JUL 28 1949
DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1675
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Bingham (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham, (now Teton Co.)
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD Lester Eynon

5. Date of Birth of Child (Month, day, year) July 8, 1899

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John L. Eynon
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hyde Park, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Ann Curtis Eynon
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Newton, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 50 years, and that Eliza Lewis Eynon, midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith E. Eynon Signature
R.F.D. Shelling Blackfoot P.O. Address

Subscribed and sworn to before me this 26th day of July 1949
(SEAL) Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1949 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-207-014-55-6

RECEIVED
AUG 12 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 29 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) 3da Middleton

4. FULL NAME OF CHILD Floral Eunice Masterson
5. Date of Birth of Child (Month, day, year) Feb. 7-1899
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel M. Masterson
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Joplin (City or town) Mo. (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business own shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Tennessee Newman
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Little Rock (City or town), Ark. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of ALAMEDA, ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 50 years, and that Emma Harvey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Quinn Signature
2531-W 3 Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of AUGUST, 1949

(SEAL) Eugene S. Smith, Notary Public, residing at Berkeley, Alameda County, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 16, 1950

Received for filing on Aug 12 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-215-029-312

United States Department of Commerce Bureau of the Census

RECEIVED AUG 29 1949 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

State File No. DB49-1790
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida.

4. FULL NAME OF CHILD Sarah Amanda Hickenbottom

5. Date of Birth of Child (Month, day, year) July 15, 1899.

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James F. Hickenbottom
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Etta Cable
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Oregon
County of Marion } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 50 years, and that Do not recall the name (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah E Hickenbottom Signature

Stayton Oregon P. O. Address

Subscribed and sworn to before me this 6 day of August 1949

(SEAL) Leif Peel, Notary Public residing at Notary Public for Oregon

My Commission Expires June 9, 1951.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 29, 1949 by W. B. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-101-001-697

RECEIVED
AUG 29 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Note: the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1794
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise,
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Clayton William Pierce

5. Date of Birth of Child (Month, day, year) Dec. 1, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd Second

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John B. Pierce
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Wiggins
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Atichson Co., Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Dr. Jesse DuBois (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Bertha Pierce Signature

R#1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of August 1949.

(SEAL) Jesse B. Barnes Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho ~~See~~ Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 29, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-104-029-218

RECEIVED
SEP 13 1949
DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Ollen Franklin Harris

5. Date of Birth of Child (Month, day, year) April 4, 1899

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Emmet Harris
11. Color or Race White.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Naples (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrta Bayhan
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Marshall (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Older Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all her life ~~years~~, and that Mrs Mary Salden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Harris Wandke Signature
Bovill Ida P. O. Address

Subscribed and sworn to before me this 3rd day of Sept, 1949
(SEAL) E. Meache, Notary Public, residing at Troy, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-14-49 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753 - 216 - 029 - 958

RECEIVED
SEP 28 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1902
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Lenville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Lenville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lenville, Idaho

4. **FULL NAME OF CHILD** Agnes Christina Peterson

5. Date of Birth of Child (Month, day, year) March 16, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claus Uno Peterson
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lilla Klo, Småland, Sweden (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Sophia Reyd
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Chisago (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 50 years, and that Anna Christina Reyd (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida S. Peterson Signature
120 No. Adams, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of September, 1949

(SEAL) Robert W. Peterson, Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on Sept 28, 1949 by W. C. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236 - 221-001-255

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1984
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mary Lorena Sloper

5. Date of Birth of Child (Month, day, year) Oct. 21, 1899

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Albert Sloper
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Belle Benson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for life years, and that Dr. Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie C Cable Signature

Boise, Ada P. O. Address

Subscribed and sworn to before me this 27th day of October 1949

(SEAL) Walter F. Kelly, Notary Public, residing at Boise, Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 27, 1949 by W L Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-225-045-255

RECEIVED

NOV 21 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Alturas (b) City Antelope Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: On stock ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years ## months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Alturas
   (c) City Stock ranch on Antelope Creek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Antelope Creek

4. **FULL NAME OF CHILD** Mildred Martha Jones

5. Date of Birth of Child (Month, day, year) March 25, 1899

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wiley Jones
11. Color or Race white
12. Age at time of THIS birth 57 yrs.
13. Birthplace Landcaster, (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farmer & livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Helen Beetham
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sanduskey, (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah H. Jones (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Butte } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for all her life years, and that Mrs. Richardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah H. Jones Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of November, 1949.

(SEAL) [illegible], Notary Public, residing at Arco, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 21, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-125-002-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2072
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) ~~Street Address or~~ R.F.D. No. 1 Since 10-30
   (e) How long has **MOTHER** lived in Idaho? 1877 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Vivian Warren Whiffin

5. Date of Birth of Child (Month, day, year) Aug. 25, 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Warren Whiffin
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Bedford, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mina Belle Dodd
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Canyon County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 plus years, and that Woman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles W. Whiffin Signature
Route 3, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1946.

(SEAL) ..... Notary Public, residing at Nampa Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 29, 1949 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-227-015-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE50-0014
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruthella Marie Pickren			2. Date of Birth (month) December (day) 27, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou County	b. City or Town of Birth: Soda Springs, Idaho
FATHER	6. Full Name of Father: Howard Fredrick Pickren			7. State or Country of Father's Birth: NEW YORK
MOTHER	8. Full Maiden Name of Mother: Bernice Atkinson Strachan			9. State or Country of Mother's Birth: CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruthella Marie Evans		11. Present Address of Registrant: 34 N. 1st E.-Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 25 1950	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 1, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record		By whom issued and signed: Entries certified by C. L. Swenson, Clerk of Dist. Court	Date Issued: 1-24-1950	Date Orig. Entry: 12-27-1899
Class* A	Date of Birth: 12-27-1899	Birth Place: Soda Springs, Ida.	Full Name of Mother: Bernice A. Strachan Pickren	Name of Father: Howard F. Pickren	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record		By whom issued and signed: Asael E. Bell, Bishop, L.D.S.	Date Issued: 5-31-1924	Date Orig. Entry: 6-1-1924
Class B	Date of Birth: 12-27-1899	Birth Place: Soda Springs	Full Name of Mother: Bernice A. Strachan Pickren	Name of Father: Howard F. Pickren	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Flora M. Gadden	1-27-1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

731-202-029-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-61
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose (Rosa) Grace Glaser		2. Date Of Birth (month) (day) (year): November - 2 - 1899.
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Vaclav Glaser		7. State or Country of Father's Birth: Kokorin, Austria.
MOTHER	8. Full Maiden Name of Mother: Anna Mares		9. State or Country of Mother's Birth: Rarinoves, Austria
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose Glaser Strope	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1950	12. Signature of Notary: Dale D. Ames San Francisco, Calif.	13. Notary Commission expires: Feb 23 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed:	Date issued:	Date Orig. Entry: 1916
Class* B	Date of Birth: 11-2-1899	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Nell LaFollette, County Supt. of Public Instruction	Date issued: 3/1/50	Date Orig. Entry: May 1914
Class B	Date of Birth: Age- 14 yrs. in May 1914	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: F. R. Boysen	Date issued: 2/21/50	Date Orig. Entry: 10/1/23
Class B	Date of Birth: Age-24 yrs. on next birthday	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Birth Certificate of Child born on February 14, 1923. Rose Glaser's birthplace was given as Idaho. Her age on February 14, 1923 was 23 yrs. old.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Holden	4-4-1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 6 1959

654-226-029-545

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-79
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Rose Federer		2. Date Of Birth (month) August (day) 26th (year) 1899	
	3. Color or Race: German Descent	4. Sex: Female	5. Place of Birth a. County: Latah County	b. City or Town of Birth: DeSmet, Idaho
FATHER	6. Full Name of Father: John Henry Federer		7. State or Country of Father's Birth: Wisconsin, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Flora Wilhelmina Emelle		9. State or Country of Mother's Birth: South Dakota, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie R. Hermary	11. Present Address of Registrant: Box 61, Red Deer, Alberta, Canada.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1950	12. Signature of Notary: D. E. Bury	13. Notary Commission ~~expires~~ does not expire. 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Convent of Mary Immaculate DeSmet, Idaho	Date Issued: Apr. 13, 1950	Date Orig. Entry: 1914 & 1915
Class*	Date of Birth: Aug. 26, 1899	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: D. E. Bury viewed Bible affidavit attached	Date Issued: Apr. 21, 1950	Date Orig. Entry: 8-26-1899
Class A	Date of Birth: Aug. 26, 1899	Birth Place	Full Name of Mother: Flora Federer	Name of Father: Henry Federer
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler		Date Filed: Apr. 27, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 27 1960

792-111-007-792

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Lawrence Francis Gibbons

State File No. De50-88
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Francis Gibbons			2. Date Of Birth (month) (day) (year): December 11, 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Corral	b. City or Town of Birth: Blaine, Idaho
FATHER	6. Full Name of Father: Ed Gibbons			7. State or Country of Father's Birth: Galena Illinois
MOTHER	8. Full Maiden Name of Mother: Mary V. Gibbons			9. State or Country of Mother's Birth: Witchia, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Francis Gibbons		11. Present Address of Registrant: Bliss, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 7, 1950	12. Signature of Notary: M F Tyson		13. Notary Commission expires: Dec. 8, 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church Hailey, Idaho	Date Issued: Apr. 16, 50	Date Orig. Entry: 1-16-1901
Class* A	Date of Birth: Dec. 11, 1899	Birth Place: Idaho	Full Name of Mother: Viola Bray Gibbons	Name of Father: Edward Gibbons
SUPPORTING RECORD 2.	Type of Document: Marriage License Affidavit	By whom issued and signed: Myrtle P. Enking County Recorder	Date Issued: 7-29-29	Date Orig. Entry: 7-29-29
Class B	Date of Birth: 29 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Affidavits by father and mother, Ed. Gibbons and Mary V. Gibbons, giving the date of birth as Dec. 11, 1899, at Corral, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeman	May 2, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

693-121-037-944

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-234
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Laramie Wilson		2. Date of Birth (month) Oct. (day) 21 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: DeLamar Idaho; b. City or Town of Birth: DeLamar Ida
FATHER	6. Full Name of Father: Joseph Scott Wilson		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Ida May Rumiser		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Laramie Wilson	11. Present Address of Registrant: Summit, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1950	12. Signature of Notary: Mrs Olive Mott.	13. Notary Commission expires: Jan 24 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Canyon County School Record	By whom issued and signed: Tressie Nickerson, County Supt. of Schools	Date Issued: 1-13-42	Date Orig. Entry: September 1907
Class* B	Date of Birth: Age was 7 yrs. on Sept. 1907 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Idaho File No. 195280 Birth Certificate of Child	By whom issued and signed: Dr. C. A. Rich	Date Issued: 10-4-31	Date Orig. Entry: 10-4-31
Class B	Date of Birth: Age was 31 yearsold / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Jan. 1920	Date Orig. Entry: Jan. 1920
Class B	Date of Birth: 19 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: 8-28-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old. 2 yrs old.

Form DPH 49067

AUG 28 1950

271-225-004-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-489
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margery Fannie Sparks			2. Date Of Birth (month) September (day) 25 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Dingle; b. City or Town of Birth: Bear Lake, Dingle, Idaho	
FATHER	6. Full Name of Father: Alfred William Sparks			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Grimmett			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margery Fannie Sparks		11. Present Address of Registrant: Lewton, Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Nov 15 1950	12. Signature of Notary: Mrs Leland K Potts		13. Notary Commission expires: Aug 23 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Royal Neighbors of America, Anna Nelson & Verna Schodda	Date Issued: 9/13/26	Date Orig. Entry: same
Class* B	Date of Birth: 9/25/1899	Birth Place: Dingle, Idaho	Full Name of Mother: Sarah Jane Grimmett	Name of Father: Alfred William Sparks
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate	By whom issued and signed: Church of Jesus Christ of L.D.S. - W. K. Potts	Date Issued: 4/28/1946	Date Orig. Entry: 4/28/1946
Class B	Date of Birth: 9/25/1899	Birth Place: Dingle, Idaho	Full Name of Mother: Sarah Jane Grimmett	Name of Father: Alfred William Sparks
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U. S. Census Bureau	Date Issued: 1-23-51	Date Orig. Entry: 1900 census
Class B	Date of Birth: Sept. 1899	Birth Place: Idaho	Full Name of Mother: Sarah J. Sparks	Name of Father: Alfred Wm. Sparks
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Mabel Helder	Date Filed: JAN 31 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

5-4

154-222-022-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-561
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Anderson			2. Date of Birth (month) (day) (year): December 22 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Fremont	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: Andrew A. Andersen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Mary (Maren) C. Hansen (Danish)			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie Anderson McKnight		11. Present Address of Registrant: Lewiston, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 24th 1951	12. Signature of Notary: Rex G. Blowman		13. Notary Commission expires: 6/21 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Dec. 22, 1907	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Dec. 22, 1899, Salem, Idaho	Full Name of Mother: Mary E. Hansen	Name of Father: Andrew Andersen	
SUPPORTING RECORD 2.	Type of Document: Application for Life Insurance	By whom issued and signed: Beneficial Life	Date Issued: Apr. 23, 1923	Date Orig. Entry
Class B	Date of Birth / Birth Place: Dec. 22, 1899, Salem, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Utah State Agricultural College	Date Issued	Date Orig. Entry: 9-24-1923
Class B	Date of Birth / Birth Place: Dec. 22, 1899, Salem, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeler	2-27-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

551-212-001-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-709
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luella Evanston		2. Date of Birth (month) Sept. (day) 12 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Richard C. Evanston (Do not know middle name)		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Ella Tolmie		9. State or Country of Mother's Birth: Canada (See notation on back)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luella Johnson	11. Present Address of Registrant: Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 10, 1951	12. Signature of Notary: Mabel Helen	13. Notary Commission expires: May 7, 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit from friends	By whom issued and signed: George M. Jeffery and Mrs. Johnstone	Date issued: 4-9-51	Date Orig. Entry: 4-9-51
Class* B	Date of Birth: 9-12-1899 / Birth Place: Boise, Idaho	Full Name of Mother: Ella Tolmie	Name of Father: Richard C. Evanston	
SUPPORTING RECORD 2.	Type of Document: News Paper Notice	By whom issued and signed: Idaho Statesman	Date issued: 9-12-1899	Date Orig. Entry: 9-12-1899
Class A	Date of Birth: 9-12-1899 / Birth Place: Boise, Idaho	Full Name of Mother: Ella Tolmie	Name of Father: Richard C. Evanston	
SUPPORTING RECORD 3.	Type of Document: School Records	By whom issued and signed: Boise Public School	Date issued: 4-6-51	Date Orig. Entry: 1908-09
Class B	Date of Birth: 9 Years old / Birth Place: Boise, Idaho	Full Name of Mother: Ella Tolmie	Name of Father: Richard C. Evanston	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Carol Bennett	Date Filed: 4-10-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

My grandfather, John Tolmie, was born in New York state, and while my mother was born in Canada, she moved to the United States when she was 14 years of age, and automatically became an American citizen because of her father's citizenship.

766-113-037-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-795
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Thomas Powell			2. Date of Birth (month): July (day): 13 (year): 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Silver City, Ida.
FATHER	6. Full Name of Father: Charles A. Powell			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Barry			9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. M. T. Powell		11. Present Address of Registrant: 1017 Wash. Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3, 1951	12. Signature of Notary: Mabel Heeder		13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record		By whom issued and signed: Church of St. Peter	Date Issued: 4-23-51	Date Orig. Entry: 8-11-1899
Class* A	Date of Birth: 7-13-1899	Birth Place: Silver City, Idaho	Full Name of Mother: Elizabeth Jane Barry	Name of Father: Charles A. Powell	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy		By whom issued and signed: Mutual Life of New York	Date Issued: 8-4-1933	Date Orig. Entry: 8-4-1933
Class B	Date of Birth: 7-13-1899	Birth Place: Silver City, Idaho	Full Name of Mother: Elizabeth Jane Barry	Name of Father: Charles A. Powell	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Canyon County Br. of Edu.	Date Issued: 5-1-51	Date Orig. Entry: Sept. 1910
Class B	Date of Birth: 11 Yrs.	Birth Place: Silver City, Ida.	Full Name of Mother: Elizabeth Jane Barry	Name of Father: Charles A. Powell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Carol Bennett	Date Filed: 5-3-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 4 1951

JUL 15 1955

386-219-029-639

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAY 18 1951

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-840
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Victoria Thorp			2. Date Of Birth (month) May (day) 19 (year) 1899
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Stephen Thorp			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Gertrude Flint			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]		11. Present Address of Registrant: 417 E. Section, Mount Vernon,
NOTARY (Seal)	Subscribed and sworn to before me on: May 15th 1951	12. Signature of Notary: Carl Nelson		13. Notary Commission expires: 12/29/51 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce, Census Bureau	Date Issued:	Date Orig. Entry: 1900
Class* A	Date of Birth: 1 yr old,	Birth Place: born May 1899	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Certificate of Identification	By whom issued and signed: American Foreign Service	Date Issued: June 1946	Date Orig. Entry:
Class B	Date of Birth: May 19, 1899	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Christian Church , Troy, Idaho	Date Issued:	Date Orig. Entry: 3-3-51
Class B	Date of Birth: May 19, 1899	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION	1. Affidavit of Baptism , 2. Certificate of Identity and Registration, 3. Copy of Census Record.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]		Date Filed: May 19, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

MAY 21 1951

319 - 107-003455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-949
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City GARDEN CREEK
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City GARDEN CREEK
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 69 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** FLOYD LAMAR LARSEN

5. Date of Birth of Child (Month, day, year) 6-7-1899

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** PETER MAUGAN LARSEN
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace DENMARK (City or town) (State or foreign country)
14. Exact Occupation SCHOOL TEACHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ARLETTA JENKINS
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace PROVO (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child FIVE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 52 years, and that MRS NANCY MARLEY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche L. Farr (BLANCHE L. FARR) Signature

SALT LAKE CITY, P. O. Address

Subscribed and sworn to before me this 15th day of May, 1957

(SEAL) H. O. Bjorke, Notary Public, residing at Sandy, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated)

Received for filing on June 13, 1957 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119 - 202-040-165

RECEIVED
JUN 18 1951
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City WARDNER
   (c) Street Address or R.F.D. No. IDAHO
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City WARDNER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) WARDNER IDA.

4. **FULL NAME OF CHILD** MARGARET LILLY JARRETT

5. Date of Birth of Child (Month, day, year) APRIL 2, 1899

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd - 6th

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** JARRETT WM. JARRETT
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace WALES (City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY JONES
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace LLANBARIES WALES (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of WASHINGTON
County of SPOKANE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that ION MACHETTE (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jarrett Pritchard
Signature
3346 S. DIVISION ST. SPOKANE WASH.
Address

Subscribed and sworn to before me this 19 day of May, 1967

(SEAL) Betty Sturgart, Notary Public, residing at Medical Lake,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 18, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-228-01X-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-1015
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Deer Flat
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Deer Flat
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ucasne

4. **FULL NAME OF CHILD** Helen Van Cleave Park

5. Date of Birth of Child (Month, day, year) Dec. 28, 1951

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Israel Matthew Park
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Randolph Co. Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer — Student
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estelle Van Cleave
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Vigo Co. Indiana (City or town) (State or foreign country)
20. Exact Occupation Student Nurse
21. Industry or Business Student Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: None (b) Born alive and now living: None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 51 years, and that Dr. (First name) Kohler (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estelle Van Cleave Park — Signature
15 Lee Mill Village — P. O. Address

Subscribed and sworn to before me this 29th day of June, 1951.

(SEAL) Janice Wardman, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 29, 1951 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51-130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494U17.004-523

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUL 6 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1027
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DEWEY HEBER DIMICK			2. Date of Birth (month) DEC. (day) 17 (year) 1899
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BEAR LAKE COUNTY	b. City or Town of Birth: WARDBORO IDAHO
FATHER	6. Full Name of Father: JAMES HEBER DIMICK			7. State or Country of Father's Birth: SMITHFIELD, UTAH. CACHE COUNTY
MOTHER	8. Full Maiden Name of Mother: LOUISA ESCHLER			9. State or Country of Mother's Birth: BERNE SWITZERLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. H. Dimick		11. Present Address of Registrant: 2668 IOWA, OGDEN, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on 3rd day of July 1951	12. Signature of Notary: Elyda M. Decker		13. Notary Commission expires: April 29, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: 11-25-50	Date Orig. Entry: 7-5-1908
Class* B	Date of Birth: Dec. 17, 1909 / Birth Place: Wardboro, Idaho	Full Name of Mother: Louisa Eschler	Name of Father: James Heber Dimick	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt, present at time of birth, Catherine Calton	By whom issued and signed:	Date Issued:	Date Orig. Entry: 12-17-1899
Class B	Date of Birth: Dec. 17, 1899 / Birth Place: Wardboro, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Ogden Union R. R. and Depot Company	Date Issued: 7-3-51	Date Orig. Entry: 1-10-1930
Class B	Date of Birth: Dec. 17, 1899, / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeder	Date Filed: July 6, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 6

955-109-003-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED OCT 12 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2120
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benjamin Frederick Reese			2. Date of Birth (month) July (day) 9 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Chesterfield
FATHER	6. Full Name of Father: Edwin Reese			7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Mary Ann Theresa Farmer			9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Benjamin Frederick Reese		11. Present Address of Registrant: La Mesa, California
NOTARY (Seal)	Subscribed and sworn to before me on OCT - 9 1951 19	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission Expires Mar. 11, 1955 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Ordination	L. D. S. Church		Sept. 1, 1907
Class* B	Date of Birth: July 9, 1899 / Birth Place: Chesterfield, Idaho	Full Name of Mother: Mary A. T. Reese	Name of Father: Edwin Reese	
SUPPORTING RECORD 2.	Certificate of Blessing	L. D. S. Church		Sept. 1, 1907
Class B	Date of Birth: July 9, 1899 / Birth Place: Chesterfield, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Church Record	L. D. S. Church		Aug. 1899
Class A	Date of Birth: July 9, 1899 / Birth Place: Chesterfield, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Oct. 12, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

12 1951

154-106-044-869

NOV 26 1951

United States Department of Commerce Bureau of the Census — DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No. Rural Home
(d) Name of Hospital or Maternity Home: At parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley Idaho

4. FULL NAME OF CHILD Thomas Vance Andrew

5. Date of Birth of Child (Month, day, year) Sept. 6, 1899

6. Sex Male 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd A-- 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Alvin Andrew
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Horn
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Cedar City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Mary Horn (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Sarah Andrew Signature

Indian Valley, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 19 48.

(SEAL) [signature] Notary Public, residing at Council, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 26, 1951 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-213-029-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2332
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Belle Byers		2. Date of Birth (month) (day) (year): May 13, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Troy, Idaho Latah; b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: Denver Byers		7. State or Country of Father's Birth: Richland, Iowa (Keokuk County)
MOTHER	8. Full Maiden Name of Mother: Rose Ella Wood		9. State or Country of Mother's Birth: Richland, Iowa (Keokuk County)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora Belle Randall	11. Present Address of Registrant: 12th & Libby - Rt 2 Box 75a Clarkston, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1951	12. Signature of Notary: Elmer M. Rosie	13. Notary Commission expires: Dec. 2 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Rose Ella McGarvey	Date Issued: June 5, 1951	Date Orig. Entry:
Class* B	Date of Birth: May 13, 1899	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible viewed by Bruce A. Tarbert, Notary	Date Issued:	Date Orig. Entry: May 13, 1899
Class A	Date of Birth: May 13, 1899	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleefer		Date Filed: Jan. 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

549-265-001-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2532
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Virginia Edie		2. Date Of Birth (month) May (day) 5 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Joseph Alexander Edie		7. State or Country of Father's Birth: Virginia	
MOTHER	8. Full Maiden Name of Mother: Martha Aldonia Daly		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine Virginia Edie (Mrs) Katherine E. Wood	11. Present Address of Registrant: Box 274 - Rock Ridge Lake Denville, New Jersey	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 4 1952	12. Signature of Notary: Wm M Smith	13. Notary Commission expires: Aug 25 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Baptismal Record	By whom issued and signed: St. Michael's Parish, Boise	Date Issued:	Date Orig. Entry: June 17, 1900
	Date of Birth: May 5, 1899 / Birth Place: Boise, Idaho	Full Name of Mother: Martha A. Edie	Name of Father: Joseph Alexander Edie	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Boise Public Schools	Date Issued: 1-23-52	Date Orig. Entry: 1904-05
	Date of Birth: 6 years old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeter		Date Filed: March 12, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT — 1. Registrant's Full Name at Birth: Sabrina Virginia Dale

2. Date of Birth (month) (day) (year): May 5, 1900

3. City or Town of Birth: Boise

4. County of Birth: Ada

5. Sex: Female

6. City or Town of Birth: Boise

FATHER — 7. Full Name of Father: Joseph Alexander Dale

8. State or Country of Father's Birth: Virginia

MOTHER — 9. Full Maiden Name of Mother: Sarah Alice Smith

10. State or Country of Mother's Birth: Kansas

AFFIDAVIT — (Person who can verify the above statements as true to the best of my knowledge and belief.)

11. Present Address of Registrant

12. Signature of Affiant

13. Relationship and reason to believe me as

14. Signature of Notary

15. Notary Commission expires

SUBSCRIBING RECORD 1 — Date of Birth: [illegible] Full Name of Registrant: [illegible] Date Issued: [illegible] Date Orig. Entry: [illegible]

Date of Birth: [illegible] Full Name of Mother: [illegible] Name of Father: [illegible]

SUBSCRIBING RECORD 2 — Type of Document: Court Order

By whom issued and signed: [illegible]

Date Issued: [illegible] Date Orig. Entry: [illegible]

Date of Birth: [illegible] Full Name of Mother: [illegible] Name of Father: [illegible]

Class: [illegible]

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible] Date Orig. Entry: [illegible]

Date of Birth: [illegible] Full Name of Mother: [illegible] Name of Father: [illegible]

Class: [illegible]

SUPPORTING INFORMATION

MAR 12 1962

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found on file in the Division of Vital Statistics for this registrant and that documentary evidence has been furnished which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Date Filed: March 12, 1962

*Class A Records are those that are used under the registration [illegible]
Class B Records are those made after the month following Birth as based upon [illegible]
[illegible]

219-228-022-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2573
Local Reg. No.
Reg. Dist. No.

RECEIVED MAR 23 1952 DIV. OF VITAL STATISTICS

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Mae Barnes		2. Date of Birth (month) (day) (year): Sept. 28, 1899
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County: Home Rexburg Idaho, Fremont; b. City or Town of Birth: Rexburg, Idaho.
FATHER	6. Full Name of Father: John Wilson Barnes		7. State or Country of Father's Birth: Utah Tooele County
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Anderson		9. State or Country of Mother's Birth: Utah, Cache County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Mae (Barnes) Farmer	11. Present Address of Registrant: 97 North Grant Midvale, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1952	12. Signature of Notary: Audrey Annett	13. Notary Commission expires: July 10 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Nov. 7, 1899
Class* A	Date of Birth: Sept. 28, 1899 / Birth Place: Rexburg, Idaho	Full Name of Mother: Sarah A. Anderson	Name of Father: John W. Barnes	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: June 27, 1908
Class B	Date of Birth: Sept. 28, 1899 / Birth Place: Rexburg, Idaho	Full Name of Mother: Sarah A. Anderson	Name of Father: Jno. W. Barnes	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Jean Jordan	Date Filed: Mar. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT: 1. Registrant's full name at birth (If person above is married, give maiden name if registered) | 2. Date of birth (Month) (Day) (Year) | 3. Color or race | 4. Sex | 5. Place of birth (County) (City or town of birth)

FATHER: 6. Full name of father | 7. State or Country of Father's birth

MOTHER: 8. Full name of Mother | 9. State or Country of Mother's birth

AFFIDAVIT: I, [illegible] upon oath that the [illegible] are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant

NOTARY: Subscribed [illegible] sworn to before me on [illegible] 19[illegible] | 12. Signature of Notary | 13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	2. Place issued and signed: L. D. S. Church	Date issued: Nov. 7, 1899	Date reg. Entry
	Date of Birth: Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father: John W. Barnes	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	3. Place issued and signed: L. D. S. Church	Date issued: June 21, 1903	Date reg. Entry
	Date of Birth: Birth Place: Aug. 3, 1899 Rexburg, Idaho	Full Name of Mother: Sarah A. Anderson	Name of Father: Joe. W. Barnes	
SUPPORTING RECORD 3.	Type of Document:	3. Place issued and signed:	Date issued:	Date reg. Entry
	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(Seal)

State Registrar	Evidence reviewed by	Date filed
W. L. Ferron		Nov. 28, 1952

*Class A Records are those made on date before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

319-211-029-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 8 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2574
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Belle Marie Carlton		2. Date of Birth (month) November (day) 11 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Juliaetta
FATHER	6. Full Name of Father: William Maston Carlton		7. State or Country of Father's Birth: North Carolina U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Magdeline Steelman		9. State or Country of Mother's Birth: North Carolina U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Belle Marie Fullerton	11. Present Address of Registrant: Dayton, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 5 19 51	12. Signature of Notary: Blanche Whipple	13. Notary Commission expires: Oct. 24, 19 52	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Bessie Carlton	Date issued: Oct. 3, 1951	Date Orig. Entry
Class* B	Date of Birth: Nov. 11, 1899 / Birth Place: Juliaetta, Idaho	Full Name of Mother: Bessie Magdeline Steelman	Name of Father: Wm. Maston Carlton	
SUPPORTING RECORD 2.	Type of Document: Bible record	By whom issued and signed: F. B. Hayes N.P. Blanche Whipple (Dayton, Wn.)	Date issued: Mar. 1952	Date Orig. Entry: Nov. 11, 1899
Class A	Date of Birth: Nov. 11, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Green Giant Company (Wash.) Personnel Supervisor	Date issued:	Date Orig. Entry: 1943
Class B	Date of Birth: Nov 11, 1899 / Birth Place: Juliaetta, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Geeslin	Mar. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 7

1. Registrant's name	Sophie Marie Carlton
2. Color or race	White
3. Sex	Female
4. Place of birth (county)	Latah
5. Place of birth (city or town)	Juliaetta
6. Date of birth (month, day, year)	November 11 1899
7. Name of father	William Easton Carlton
8. Maiden name of mother	Josephine Steelman
9. State or country of father's birth	North Carolina U.S.A.
10. State or country of mother's birth	North Carolina U.S.A.
11. Present address of registrant	Dayton, Washington
12. Signature of registrant	
13. Signature of notary	
14. Notary commission expires	Oct. 24, 1952

I hereby certify that the statements made in items 1 to 14 inclusive are true to the best of my knowledge and belief.

Subscribed and sworn to before me on _____ 19 51

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting record 1.	Type of document	By whom issued and signed	Date issued	Date orig. Entry
	Affidavit of mother	Jessie Carlton	Oct. 3, 1951	
	Date of birth / Birth place	Full name of mother	Name of father	
	Nov. 11, 1899			

Supporting record 2.	Type of document	By whom issued and signed	Date issued	Date orig. Entry
	Birth record	A. B. Hayes, Lynche Bridge (Dayton, Wa.)	Mar. 1952	Nov. 11, 1899
	Date of birth / Birth place	Full name of mother	Name of father	
Class A	Nov. 11, 1899			

Supporting record 3.	Type of document	By whom issued and signed	Date issued	Date orig. Entry
	Employment record	(Green Giant Company (Plum.) Personnel Supervisor		1943
	Date of birth / Birth place	Full name of mother	Name of father	
Class	Nov. 1899 Juliaetta, Idaho			

Registrar's certification (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence received by	Date filed
		Mar. 28, 1952

Class A Records are those made and dated prior to the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but at least 2 years old.

96-106-035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2669
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Webb Ridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county X years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Webb Ridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? years yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Archie Lester Rowland

5. Date of Birth of Child (Month, day, year) Aug. 6, 1899

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd ~~XXXXXX~~ Second

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles Rowland
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Williams
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 a.m. on the date and at the place stated above, and that personal particulars were furnished by records (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John V. Alley M.D. ~~Midwife~~ ~~Address~~ Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 8th day of April, 1952

(SEAL) Jean Wegelin Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 17, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-213-040-416

De52-2855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Murray Ida

4. FULL NAME OF CHILD Mary Matilda Purcell

5. Date of Birth of Child (Month, day, year) Oct. 13 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John James Purcell
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ottawa (City or town) Canada (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Dawson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Denton (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.
Shoshone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51½ years, and that Dr. Mueller (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Dawson Purcell Higginbotham
Signature

Burke Idaho
P. O. Address

Subscribed and sworn to before me this 16 day of May, 1952

(SEAL) Eleanor M. Ryan Notary Public, residing at Wallace Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 2/4/53

Received for filing on MAY 26 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

693-202-006-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2862
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELLEN CORDILLA WICKS
2. Date of Birth (month) MAY (day) 2 (year) 1899
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: BLACKFOOT BINGHAM
b. City or Town of Birth: BLACKFOOT

FATHER

6. Full Name of Father: CHARLES HENRY WICKS
7. State or Country of Father's Birth: BLACKWATER, ENGLAND

MOTHER

8. Full Maiden Name of Mother: MARY MELVINA MORRIS
9. State or Country of Mother's Birth: JONESVILLE VIRGINIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen Cordilla Wicks Koon
11. Present Address of Registrant: MILTON-FREEWATER-ORE. B1135-R1.

NOTARY (Seal)

Subscribed and sworn to before me on May 22, 1952

12. Signature of Notary: R. A. Burlingame
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES MARCH 27, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital record	St. Mary's Hospital	3-31-52	1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1899	Blackfoot, Idaho	Melvina Mary Morris	Charles Henry Wicks

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	First Christian Church	Apr. 15, 1952	1-22-1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
13 yrs old May 2, 1899	Blackfoot, Idaho		

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Umatilla County School	Apr. 30, 1952	1910-11

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1899	Blackfoot, Idaho	Mary Melvina Morris	Charles Henry Wicks

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	June 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 29 1952

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name at birth	2. Place of birth (County)
3. Date of birth (month, day, year)	4. Sex
5. Color or race	6. Full name of father
7. Maiden name of mother	8. Place of birth of father (State or country)
9. Place of birth of mother (State or country)	10. Occupation of father
11. Occupation of mother	12. Kind of business or industry
13. Number of previous children	14. Number of previous children still living
15. Date of marriage	16. Place of marriage
17. Present address of registrant	18. Signature of registrant
19. Date signature was received	20. Signature of witness
21. Date signature was received	22. Signature of witness
23. Date signature was received	24. Signature of witness
25. Date signature was received	26. Signature of witness
27. Date signature was received	28. Signature of witness
29. Date signature was received	30. Signature of witness
31. Date signature was received	32. Signature of witness
33. Date signature was received	34. Signature of witness
35. Date signature was received	36. Signature of witness
37. Date signature was received	38. Signature of witness
39. Date signature was received	40. Signature of witness
41. Date signature was received	42. Signature of witness
43. Date signature was received	44. Signature of witness
45. Date signature was received	46. Signature of witness
47. Date signature was received	48. Signature of witness
49. Date signature was received	50. Signature of witness
51. Date signature was received	52. Signature of witness
53. Date signature was received	54. Signature of witness
55. Date signature was received	56. Signature of witness
57. Date signature was received	58. Signature of witness
59. Date signature was received	60. Signature of witness
61. Date signature was received	62. Signature of witness
63. Date signature was received	64. Signature of witness
65. Date signature was received	66. Signature of witness
67. Date signature was received	68. Signature of witness
69. Date signature was received	70. Signature of witness
71. Date signature was received	72. Signature of witness
73. Date signature was received	74. Signature of witness
75. Date signature was received	76. Signature of witness
77. Date signature was received	78. Signature of witness
79. Date signature was received	80. Signature of witness
81. Date signature was received	82. Signature of witness
83. Date signature was received	84. Signature of witness
85. Date signature was received	86. Signature of witness
87. Date signature was received	88. Signature of witness
89. Date signature was received	90. Signature of witness
91. Date signature was received	92. Signature of witness
93. Date signature was received	94. Signature of witness
95. Date signature was received	96. Signature of witness
97. Date signature was received	98. Signature of witness
99. Date signature was received	100. Signature of witness

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant, and that documentary evidence has been presented, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence furnished by	Date filed
R. E. Fenson		June 3, 1952

Items A records are those made and dated prior to the registrant's first birthday.

365-117-029-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da52- 2887
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EARL ALLEN TWEEDT			2. Date Of Birth (month) Sept. (day) 17 (year) 1899
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Genesee a. County: Latah	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Hans Christian Johnson Tweedt			7. State or Country of Father's Birth: Bergen, Norway
MOTHER	8. Full Maiden Name of Mother: Susan Nelson Tweedt			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl allen Tweedt		11. Present Address of Registrant: 2247 Carleton Street Berkeley4 Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1952	12. Signature of Notary: Henry W Ruoff		13. Notary Commission expires: April 1 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit of Birth by	By whom issued and signed: George E. Tweedt	Date Issued: Jan.26,1952	Date Orig. Entry:
	Date of Birth: Sept. 17,1899	Birth Place: Genesee,Idaho	Full Name of Mother: Susan Nelson	Name of Father: Hans Christian Johnson Tweedt
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit of Birth	By whom issued and signed: Emma B. Tweedt	Date Issued: Feb.9,1952	Date Orig. Entry:
	Date of Birth: Sept. 17,1899	Birth Place: Genesee, Idaho	Full Name of Mother: Susan Nelson	Name of Father: Hans Christian Johnson Tweedt
SUPPORTING RECORD 3. Class B	Type of Document: Honorable Discharge from U.S. Navy	By whom issued and signed: H.C. Laird, Jr. Lt.Comdr,USN	Date Issued: 20 Aug 1946	Date Orig. Entry:
	Date of Birth: Sept. 17,1899	Birth Place: Genesee, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION	Also, census record of 1900 gives the date of birth as Sept. 1899.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 5, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

Registrar's Registration No.

Registrar's Full Name at Birth

Sept. Allen Tweedt

Sex: Male

Place of Birth: Genesse, Idaho

Date of Birth: Sept. 17 1899

City or Town of Birth: Genesse, Idaho

Full Name of Father: Hans Christian Johnson Tweedt

State or Country of Father's Birth: Norway, Norway

Full Maiden Name of Mother: Susan Nelson Tweedt

State or Country of Mother's Birth: Norway

I hereby declare upon oath that the statements made on this form are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

Signature of Parent: [illegible]

Present Address of Registrant: 1647 Darleton Street, Berkeley, Calif.

Signature of Registrar: [illegible]

Date Filed: Jan.26,1962

Date Orig. Entry:

Name of Registrar: Hans Christian Johnson Tweedt

Affidavit of Birth by: George E. Tweedt

Full Name of Mother: Susan Nelson

Date of Birth: Sept. 17,1899 Genesse, Idaho

Date Issued: Feb.9,1962

Date Orig. Entry:

Name of Father: Hans Christian Johnson Tweedt

Affidavit of Birth

Date of Birth: Sept. 17,1899 Genesse, Idaho

Full Name of Mother: Susan B. Tweedt

Maiden Name: Susan Nelson

Date Issued: 20 Aug 1946

Date Orig. Entry:

Name of Father: H.C. Laird, Jr. Lt.Comdr,USN

Type of Document: Honorable Discharge from U.S. Navy

Birth Place: Sept. 17 1899 Genesse, Idaho

Registrar's Certificate: Affidavit was made that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar: R. W. Benson

Evidence reviewed by: Jane Hamilton

Date Filed: June 5, 1962

Please A Reports are those made and dated prior to the date of the registrant's birth.
Other B Reports are those made after the birth, stating the date of birth as known.

Form DPH 1000A

319-207-035-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2962
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Kathleen Carter		2. Date of Birth (month) Oct. (day) 7, (year) 1899	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Mohler
FATHER	6. Full Name of Father: Elzie Ernest Carter		7. State or Country of Father's Birth: Polk City, Iowa	
MOTHER	8. Full Maiden Name of Mother: Fannie Mabel Hollister		9. State or Country of Mother's Birth: Genesee, Latah County, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys K. Batty	11. Present Address of Registrant: 1611 Resigue, Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary	13. Notary Commission expires _____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Oct. 7, 1899
Class* A	Date of Birth: Oct. 7, 1899 / Birth Place: Mohler, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: On file Bureau of Vital Statistics Boise, Idaho #87932	Date Issued:	Date Orig. Entry: Jan. 20, 1921
Class B	Date of Birth: 21 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Geeder		Date Filed: June 26, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

REGISTRANT (Person whose birth is being registered)

1. Registrant's full name at birth: Gladys Kathleen [illegible]
2. Date of birth (month, day, year): Oct. [illegible] 1, 1922
3. Color or Race: White
4. Sex: Female
5. Place of birth (county): Idaho
6. City or Town of birth: Nonpar
7. State or Country of birth: Idaho

FATHER

8. Full name of father: Tilly Lynne [illegible]
9. State or Country of Father's Birth: Polk City, Iowa

MOTHER

8. Full maiden name of Mother: Fannie Ethel [illegible]
9. State or Country of Mother's Birth: Moscow, Latah County, Idaho

AFFIDAVIT

I hereby certify that the above statements are true to the best of my knowledge and belief.

9. Signature of Deponent: [illegible]
11. Present Address of Deponent: 1611 Heslipe, Boise, Idaho

NOTARY (Seal)

Sworn to and sworn to before me on _____ 19__

12. Signature of Notary: [illegible]
13. Notary Commission expires _____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Family Bible
Date issued: [illegible]
Date orig. entry: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible], 1920, Nonpar, Idaho
Full name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: Infant birth certificate
By whom issued and signed: [illegible] Bureau of Vital Statistics, Boise, Idaho [illegible]
Date issued: [illegible]
Date orig. entry: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible]
Full name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3.

Type of Document: _____
By whom issued and signed: _____
Date issued: _____
Date orig. entry: _____
Date of Birth: _____
Place of Birth: _____
Full name of Mother: _____
Name of Father: _____

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the bureau of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar: H. W. Hanson
Evidence reviewed: [illegible]
Date filed: June 25, [illegible]

Class A Records are those made and data obtained from the applicant's own statement.
Class B Records are those made after the regular birthday but in less than 1 year old.

Date [illegible]

244713-023-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Da52- 3061
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sidney George Budden

5. Date of Birth of Child (Month, day, year) May 13th 1899

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edmond George Budden
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wimbourne (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Mary Mark
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Wimbourne (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 53 years, and that Mrs. A. J. Howard (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel Wheeler Signature
Medford Oregon P. O. Address

Subscribed and sworn to before me this 30 day of June 1952
(SEAL) Geo. L. Slagle, Notary Public, residing at Medford
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-206-035-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3146
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia May Keith		2. Date Of Birth (month) Jan (day) 6 (year) 1899	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Lenora Idaho	b. City or Town of Birth: Country
FATHER	6. Full Name of Father: Hollis Watson Keith		7. State or Country of Father's Birth: Columbia Missouri	
MOTHER	8. Full Maiden Name of Mother: Nora B. McCarty		9. State or Country of Mother's Birth: Lofett Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia May Kann	11. Present Address of Registrant: Prescott Wash	
NOTARY (Seal)	Subscribed and sworn to before me on JUN 24 1952 19	12. Signature of Notary: W. B. Lawson	13. Notary Commission expires: My commission expires May 17, 1954 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class* A	Date of Birth: Jan. 6, 1899	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Ltr from County Recorder's office, Walla Walla Co., Wash, re marriage license	By whom issued and signed: Rose Mary Melancon, Deputy	Date Issued: 8/11/52	Date Orig. Entry: License issued on June 24, 1920
Class B	Date of Birth: 21 yrs old	Birth Place: Lenore, Idaho	Full Name of Mother: McCarty	Name of Father: Hollis Watson Keith
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION: Margaret M. Frederick - Cousin of applicant. Annie M. Hitchings - Aunt of Applicant

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 18, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name at birth: Georgia Mae Faith			
2. Date of birth (month) (date) (year): Nov. 4 1899			
3. Place of birth: Lewiston, Idaho			
4. Sex: F	5. Color or race: White	6. Full name of father: Charles Edward Faith	7. Place of birth: Canada
8. Full maiden name of mother: Nellie Watson Faith		9. Place of birth: Canada	
10. Signature of registrant: Georgia Mae Faith		11. Present address of registrant: Pierce, Idaho	
12. Signature of notary: Georgia Mae Faith		13. Notary Commission expires: 1944	

I, being duly sworn upon oath, that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on ____ 19__

NOTARY (Seal)

Type of document: Bible record		By whom issued and signed	Date issued / Date orig. Entry
Date of birth	Birth place	Full name of mother	Name of father
Type of document: Abstract from County Recorder's office, Bible Family Record, to marriage license Jesse Harry Nelson, County Clerk, Lewiston, Idaho		By whom issued and signed	Date issued: Lewiston, Idaho, June 24, 1920 / Date orig. Entry
Date of birth: 21 yrs old	Birth place: Lewiston, Idaho	Full name of mother: Nellie Watson Faith	Name of father: Charles Edward Faith
Type of document		By whom issued and signed	Date issued / Date orig. Entry
Date of birth	Birth place	Full name of mother	Name of father

Class B

Class

ADDITIONAL INFORMATION

Department of Health, Bureau of Vital Statistics

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been filed in the Bureau of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Edna Hamilton	Aug. 24, 1922

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 8 years old.

168-111-031-358

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3326
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Wesley Johnson,			2. Date of Birth (month) May, (day) 11, (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Nezperce, Lewis, Idaho,	b. City or Town of Birth: Nezperce, Idaho
FATHER	6. Full Name of Father: Zephaniah A. Johnson			7. State or Country of Father's Birth: Benton County, Iowa,
MOTHER	8. Full Maiden Name of Mother: Emma Lehman			9. State or Country of Mother's Birth: Benton County, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James Wesley Johnson	11. Present Address of Registrant: Nezpe rce, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25, 1952 19		12. Signature of Notary: F C Kennell	13. Notary Commission expires: May, 24, 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Nez Perce Public Schools	Date Issued: May 3, 1950	Date Orig. Entry
Class* B	Date of Birth: May 11, 1899 / Birth Place: Nez Perce, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: George P. Johnson	Date Issued: Sept. 26, 1952	Date Orig. Entry
Class B	Date of Birth: May 11, 1899 / Birth Place: Nez Perce, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Ralph Thomas	Date Issued: 10/6/52	Date Orig. Entry
Class B	Date of Birth: May 11, 1899 / Birth Place: Nezperce, Idaho	Full Name of Mother: Emma Lehman	Name of Father: Zephaniah A. Johnson	
QUALIFYING INFORMATION	Affiant Ralph Thomas was born on December 22, 1883.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: October 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OFFICIAL CERTIFICATE OF BIRTH

STATE OF IDAHO

Date filed: October 6, 1938

Local reg. no.

State file no.

CHILD'S NAME	1. Registrant's full name at birth: Lawrence Arthur Johnson	2. Date of birth: Month, Day, Year: July 12, 1892
	3. Color or race: White	4. Sex: Male
	5. Place of birth: Hagerman, Lewis, Idaho	6. City or town of birth: Hagerman, Idaho
FATHER	8. Full name of father: Aephraim A. Johnson	7. State or country of father's birth: Lewiston County, Idaho
MOTHER	9. Full maiden name of mother: Dora Larsen	10. State or country of mother's birth: Harrison County, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Present address of applicant: Hagerman, Idaho.
	Subscribed and sworn to before me on: July 25, 1942	13. Notary Commission expires: June 24, 1945
	14. Signature of Notary: [illegible]	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Kind of document: School Record	By whom issued and signed: Boise Public Schools	Date issued: Aug. 1, 1938
	Date of birth: Birth Place	Full name of mother	Name of father
SUPPORTING RECORD 2.	Kind of document: Affidavit by Dora	By whom issued and signed: Dora L. Johnson	Date issued: Nov. 2, 1938
	Date of birth: July 12, 1892, Hagerman, Idaho	Full name of mother	Name of father
SUPPORTING RECORD 3.	Kind of document: Affidavit by	By whom issued and signed: Ralph Johnson	Date issued: 1-4-42
	Date of birth: Birth Place	Full name of mother	Name of father
REGISTRAR'S CERTIFICATION	Affidavit of Dora Larsen, Hagerman, Idaho, July 12, 1892. Ephraim A. Johnson. Affidavit of Ralph Johnson from Boise, Idaho, Jan. 22, 1942.		

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth or death certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date filed
E. W. Hansen	Edna Hanlon	October 6, 1938

39-215-001-625

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3339
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERTRUDE CARRIE CRANE		2. Date of Birth (month) May (day) 15 (year) 1899	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Boise, Idaho Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: George S. Crane		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Alice Obenchain		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude Lord	11. Present Address of Registrant: Route #2, Gooding, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 13 1952	12. Signature of Notary: Mabel V. Geeder	13. Notary Commission expires: May 7 1953	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Alice Healy	Date Issued: May 1899	Date Orig. Entry: May 1899
Class* A	Date of Birth: May 15 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record Boise Senior High	By whom issued and signed: George H. Fields, Principal	Date Issued: 6/5/52	Date Orig. Entry: 9/4/13
Class B	Date of Birth: May 15 1899 / Birth Place: Idaho	Full Name of Mother: Alice J. Crane	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: bureau of Vital Statistics State of Idaho #166030	Date Issued: 11/23/28	Date Orig. Entry: 8/21/28
Class B	Date of Birth: 29 yrs old / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	10/13/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Registrant's full name at birth: CLARENCE CARRIE CLARK
2. Date of birth: May 15, 1897
3. Sex: M
4. Place of birth: Idaho, Idaho County, Idaho

FATHER

5. Full name of father: [illegible] S. Clark
6. Birthplace of father: Iowa

MOTHER

7. Maiden name of mother: [illegible]
8. Birthplace of mother: Kansas

AFFIDAVIT

I hereby certify that the statements made in this affidavit are true to the best of my knowledge and belief.

9. Signature of Registrant: [illegible]
10. Present address of Registrant: Route #2, Grangeville, Idaho

NOTARY (seal)

Subscribed and sworn to before me on [illegible] 19[illegible]

11. Signature of notary: [illegible]
12. Notary Commission expires: [illegible] 19[illegible]

SUPPORTING RECORD 1.

Type of document: Family Bible Record
Date of birth: [redacted]
By whom issued and signed: Alice Henry
Full name of notary: [illegible]
Date issued: May [illegible] May 1897
Name of [illegible]
Date orig. entry: [illegible]

SUPPORTING RECORD 2.

Type of document: Sworn & Recorded Delayed Birth Certificate
Date of birth: May 15, 1897
Birth place: Idaho, Idaho County, Idaho
By whom issued and signed: George H. Fields, Prosecuting Attorney
Full name of notary: Alice J. Greene
Date issued: 5/5/32
Name of father: [illegible]
Date orig. entry: 5/4/32

SUPPORTING RECORD 3.

Type of document: Child's Birth Certificate
Date of birth: 22 yrs ago
Birth place: Idaho, Idaho County, Idaho
By whom issued and signed: State of Idaho, Bureau of Vital Statistics
Full name of notary: [illegible]
Date issued: 5/23/29
Name of father: [illegible]
Date orig. entry: [illegible]

DUPLICATE INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. H. Bonson
Evidence reviewed by: Eva Barnes
Date filed: 10/12/32

*Class A records are those made and late before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but are at least 5 years old.

366-23-044-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3355
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK HARMON TOWNLEY, JR.			2. Date of Birth (month) (day) (year): December 23 1899
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Washington County	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Frank Harmon Townley			7. State or Country of Father's Birth: Algonia, Iowa
MOTHER	8. Full Maiden Name of Mother: Annie Ross			9. State or Country of Mother's Birth: Ray County, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Harmon Townley Jr.		11. Present Address of Registrant: 931 West Third, Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 15 1952	12. Signature of Notary: Mabel Greer		13. Notary Commission expires: May 7. 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by	By whom issued and signed: Belle Pringle	Date Issued: 10/26/50	Date Orig. Entry: 10/26/50
Class* B	Date of Birth: Dec 23 1899 / Birth Place: Weiser, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 9/3/52	Date Orig. Entry: 1900 Census
Class B	Date of Birth: 6 mo. old Dec 1899 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics State of Idaho #309233	Date Issued: 2/10/41	Date Orig. Entry: 1/14/41
Class B	Date of Birth: 41 yrs old / Birth Place: Weiser, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: 10/15/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 6 1956

MAY 12 1960

OCT 15 1960

365-11-003-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3459
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Anson Loveland		2. Date of Birth (month) July (day) 11 (year) 1899	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cheslyfield Bannock Co. Idaho	b. City or Town of Birth: Chesterfield, Idaho
FATHER	6. Full Name of Father: Anson Josiah Loveland		7. State or Country of Father's Birth: Utah Elder Co. Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Ethel Bevins		9. State or Country of Mother's Birth: Sum. Hasting	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Anson Loveland	11. Present Address of Registrant: 1727 Marin Ave Berkeley Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 29 1952	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 15 1954	

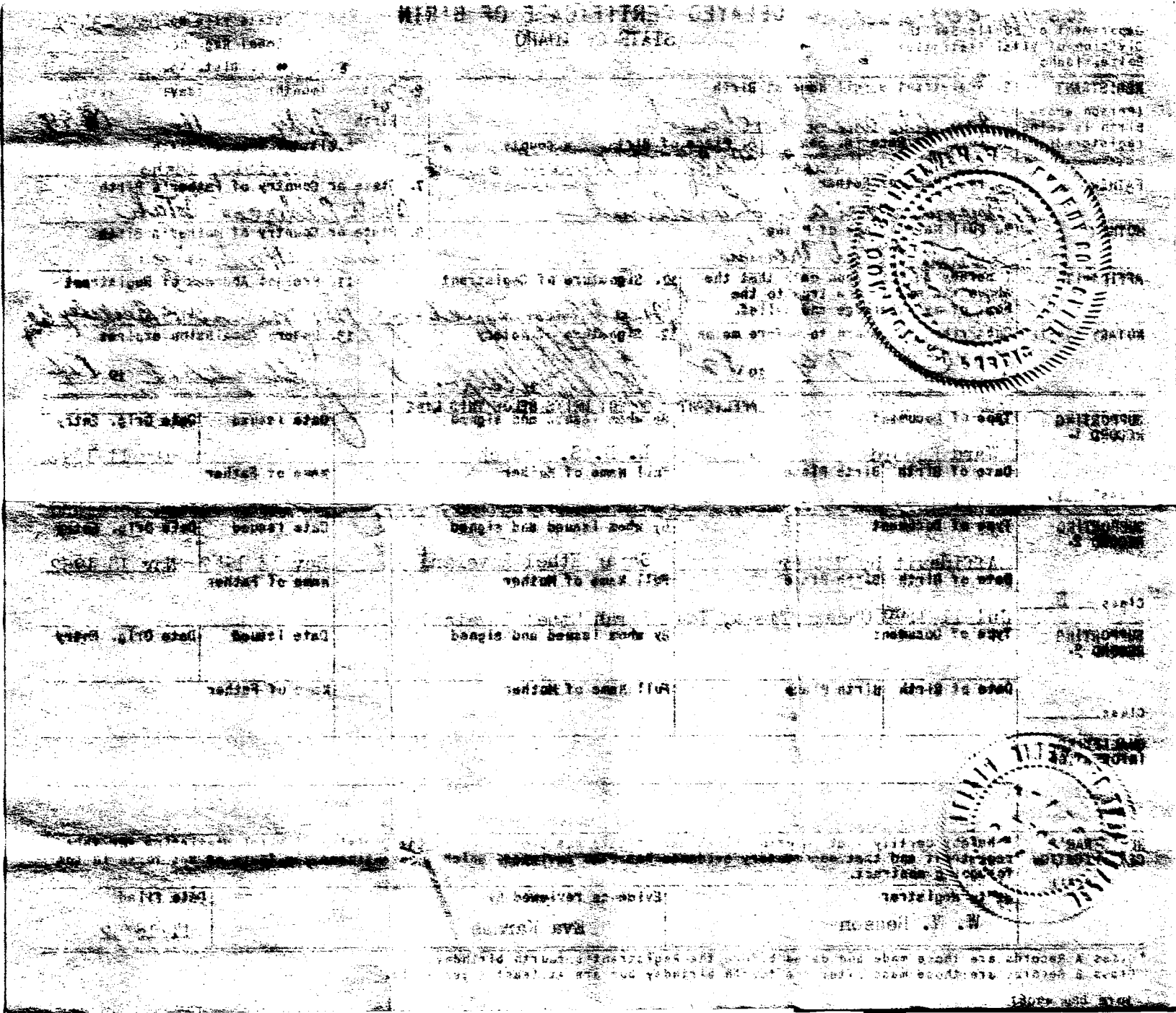
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Ward Record	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: July 11 1899
Class* A.	Date of Birth: Jul 11 1899 / Birth Place: Chesterfield, Ida.	Full Name of Mother: Sarah Ethel Bevins	Name of Father: Anson Josiah Loveland	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Sarah Ethel Loveland	Date Issued: Nov 18 1952	Date Orig. Entry: Nov 18 1952
Class B	Date of Birth: Jul 11 1899 / Birth Place: Chesterfield, Ida	Full Name of Mother: Sarah Ethel Loveland	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: 11/18/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



TO WHOM IT MAY CONCERN:

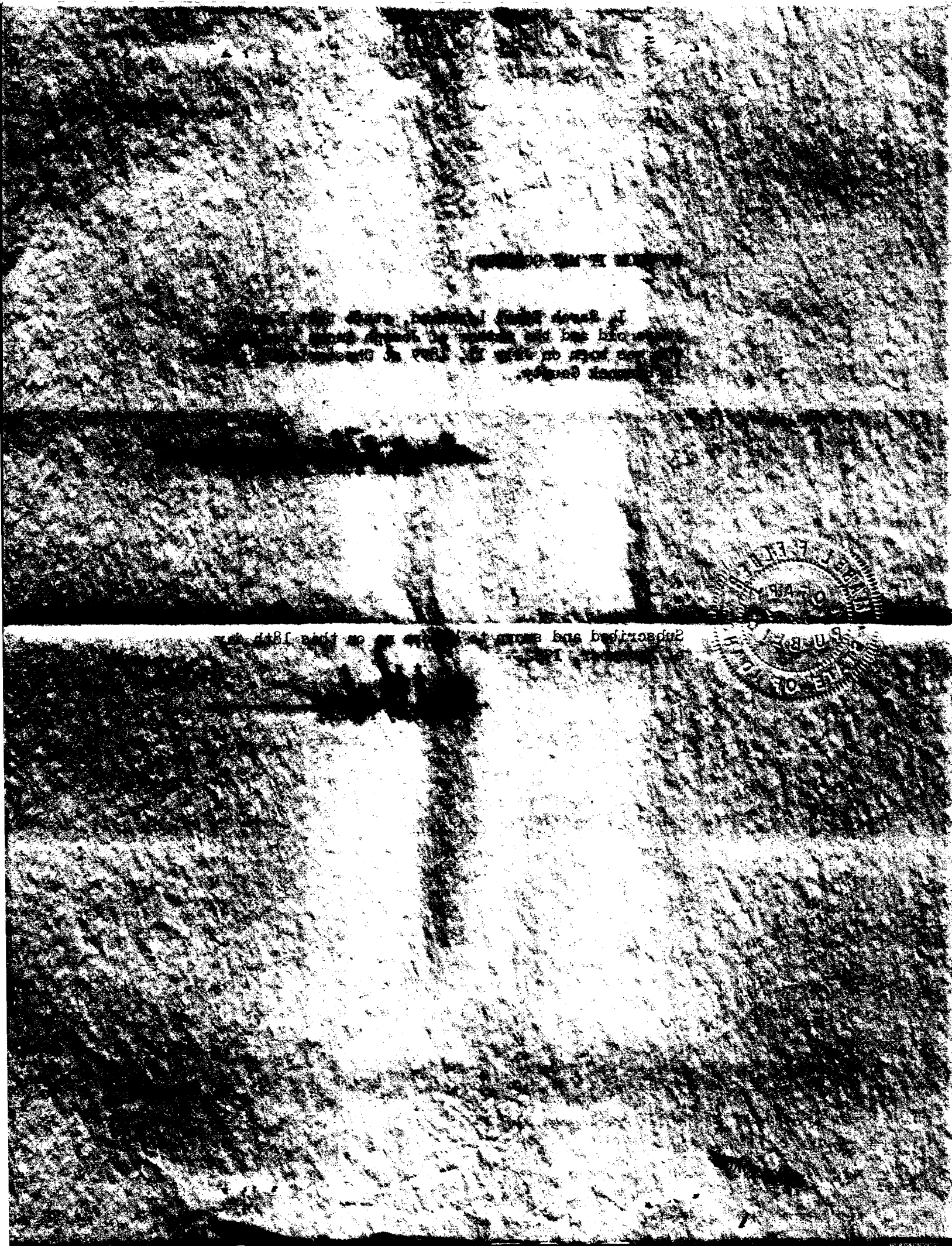
I, Sarah Ethel Loveland, state that I am 73 years old and the mother of Joseph Anson Loveland, who was born on July 11, 1899 at Chesterfield, Idaho in Bannock County.

Sarah Ethel Loveland
Sarah Ethel Loveland

Subscribed and sworn to before me on this 18th day of November, 1952.

Notary Public

NOV 18 1952



813-213-031-699

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3465
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Dessa HALL		2. Date Of Birth (month) (day) (year): July 13, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: At farm home Lewis; b. City or Town of Birth: Nezperce
FATHER	6. Full Name of Father: Robert Henry Hall		7. State or Country of Father's Birth: Hamilton, Missouri
MOTHER	8. Full Maiden Name of Mother: Etta Wright		9. State or Country of Mother's Birth: Dayton, Columbia County, Wash
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Dessa Hall Barnes	11. Present Address of Registrant: W. 120 Montgomery Ave., Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 13 19 52	12. Signature of Notary: Gordon E Lake	13. Notary Commission expires: July 21 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Washington State Board of Health	Date Issued:	Date Orig. Entry: June 26, 1937
Class* B	Date of Birth: 37 years old; Birth Place: Nez Perce, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Registration	By whom issued and signed: City of Spokane, Washington	Date Issued:	Date Orig. Entry: Aug. 24, 1940
Class B	Date of Birth: 40 yrs old; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: July 13, 1899
Class A	Date of Birth: July 13, 1899; Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Also, affidavit by Aunt, Lillie M. Hall and Uncle, Harry S. Wright, give the date of birth as July 13, 1899 in Nez Perce, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeder	Nov. 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

NOW

(Person where birth is being registered)

1. Registrant's Full Name at Birth

2. Color or Race
3. Sex
4. Place of Birth — County
5. Date of Birth (Month) (Day) (Year)
6. City or Town of Birth

FATHER

7. Full Name of Father
8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother
10. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant
12. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on

13. Signature of Notary
14. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document
By whom issued and signed
Date issued
Date Orig. Entry
Date of Birth
Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD 2.

Type of Document
By whom issued and signed
Date issued
Date Orig. Entry
Date of Birth
Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD 3.

Type of Document
By whom issued and signed
Date issued
Date Orig. Entry
Date of Birth
Birth Place
Full Name of Mother
Name of Father

REGISTRATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the affidavit.

Signature
Date
Evidence received by
Date

E. R. Benson

Class A Registrar
Class B Registrar
Class C Registrar

499-223-022-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3509
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ZELPHA CORA DRIGGS			2. Date of Birth (month) (day) (year): July 23, 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Fremont Co.	b. City or Town of Birth: Driggs, Idaho
FATHER	6. Full Name of Father: Parley Shadrick Driggs			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rose Kunz			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora D Phillips		11. Present Address of Registrant: Route #6 Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 28 1952	12. Signature of Notary: Mabel Fielder		13. Notary Commission expires: May 7 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church Ella Jack	Date Issued: 3/27/52	Date Orig. Entry: 11/4/1899
Class* A	Date of Birth: Jul 23 1899 / Birth Place: Driggs, Idaho	Full Name of Mother: Rose Kunz	Name of Father: Parley S. Driggs	
SUPPORTING RECORD 2.	Type of Document: Child's birth Certificate	By whom issued and signed: Bureau of Vital Statistics State of Idaho #117220	Date Issued: 11/30/23	Date Orig. Entry: 1/22/23
Class B	Date of Birth: 23 yrs old / Birth Place: Driggs, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes		Date Filed: 11/28/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 13 1972

DEC 1952

249-212-029-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3515
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Elma Smith
2. Date Of Birth (month) (day) (year): April 12, 1899
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kendrick, Idaho, Latah Co.
b. City or Town of Birth: Kendrick, Idaho

FATHER

6. Full Name of Father: Leroy Martin Smith
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Harriet Belle Hill
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Elma Smith Stewart
11. Present Address of Registrant: 608 12th St., Clarkston, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on April 2 1952
12. Signature of Notary: Jean Wegelins
13. Notary Commission expires: Oct. 26 1952

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by sister who is 8 yrs older than registrant
By whom issued and signed: Ora O. Smith
Date Issued: 4/2/52
Date Orig. Entry:
Class*: B
Date of Birth: April 12, 1899
Birth Place: Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Certificate of Transcript of Marriage Statistics in Stevens County, Washington
By whom issued and signed: Hazel Emery, County Auditor
Date Issued: 9/23/52
Date Orig. Entry: License dated March 17, 1920
Class: B
Date of Birth: 20 yrs old
Birth Place: Kendrick, Idaho
Full Name of Mother: Harriet Hill
Name of Father: L. M. Smith

SUPPORTING RECORD 3.

Type of Document: Affidavit by Aunt
By whom issued and signed: Mrs. Nora Mason
Date Issued: 11/17/52
Date Orig. Entry:
Class: B
Date of Birth: April 12, 1899
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: Dec. 1, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 2

DELAYED

944-120-001-465

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3566
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM W. RUDGE			2. Date of Birth (month) March (day) 20 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: William M. Rudge			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Alice H. Montgomery			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William W Rudge		11. Present Address of Registrant: Mayfield, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 16 1952	12. Signature of Notary: Mabel Felder		13. Notary Commission expires: May 7, 1953

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older brother	By whom issued and signed: Lemuel E. Rudge	Date Issued: 12/16/52	Date Orig. Entry: 12/16/52
Class* B	Date of Birth: Mar 20 1899 / Birth Place: Boise, Idaho	Full Name of Mother: Alice H. Montgomery	Name of Father: William M. Rudge	
SUPPORTING RECORD 2.	Type of Document: Affidavit by older brother	By whom issued and signed: Richard C. Rudge	Date Issued: 12/16/52	Date Orig. Entry: 12/16/52
Class B	Date of Birth: Mar 20 1899 / Birth Place: Boise, Idaho	Full Name of Mother: Alice H. Montgomery	Name of Father: William M. Rudge	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older brother	By whom issued and signed: Sedwick O. Rudge	Date Issued: 12/16/52	Date Orig. Entry: 12/16/52
Class B	Date of Birth: Mar 20, 1899 / Birth Place: Boise, Idaho	Full Name of Mother: Alice H. Montgomery	Name of Father: William M. Rudge	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: 12/16/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

TO WHOM THIS MAY CONCERN:

I, Sedwick Orin Rudge, state that I am 60 years old and the older brother of William W. Rudge, who was born on March 20, 1899 at Boise, Idaho. Our parents were William M. Rudge and Alice H. Montgomery.

Sedwick O. Rudge

Sedwich O. Rudge

Subscribed and sworn to before me on this 16th day of December, nineteen hundred and fifty-two.

Notary Public

TO WHOM THIS MAY CONCERN:

I, Sedwick Orin Rudge, state that I am 60 years old and the older brother of William W. Rudge, who was born on March 20, 1899 at Rudge, Idaho. Our parents were William M. Rudge and Alice H. Montgomery.

Sedwick O. Rudge

Subscribed and sworn to before me on this 10th day of December, nineteen hundred and fifty-two.

TO WHOM THIS MAY CONCERN:

I, Lemuel E. Rudge, state that I am 70 years of age and that I am the older brother of William W. Rudge, who was born on March 20, 1899 at Boise, Idaho; the son of William M. Rudge and Alice H. Montgomery.

Lemuel E. Rudge

Lemuel E. Rudge

Subscribed and sworn to before me on this 16th day of December, nineteen hundred and fifty-two.

Notary Public

TO WHOM THIS MAY CONCERN:

I, Lemuel E. Rudge, state that I am 70 years of age and that I am the older brother of William W. Rudge, who was born on March 20, 1899 at Boise, Idaho; the son of William M. Rudge and Alice H. Montgomery.

Lemuel E. Rudge

Subscribed and sworn to before me on this 16th day of December, nineteen hundred and fifty-two.

Notary Public

TO WHOM THIS MAY CONCERN:

I, Richard C. Rudge, state that I am 64 years of age and that I am the older brother of William W. Rudge who was born on March 20, 1899 at Boise, Idaho. Our parents are William M. Rudge and Alice H. Montgomery.

Richard C. Rudge
Richard C. Rudge

Subscribed and sworn to before me on this 16th day of December, nineteen hundred and fifty-two.

Notary Public

TO WHOM THIS MAY CONCERN:

I, Richard C. Rudge, state that I am 64 years of age and that I am the older brother of William W. Rudge who was born on March 20, 1899 at Boise, Idaho. Our parents are William M. Rudge and Alice H. Montgomery.

Richard C. Rudge

Subscribed and sworn to before me on this 16th day of December, nineteen hundred and fifty-two.

Notary Public

497-211-029-691

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da53 104
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frankie Lillian Mix,			2. Date of Birth (month) (day) (year): November 11, 1899
	3. Color or Race: White and	4. Sex: Am.Fem.	5. Place of Birth a. County: Moscow, Latah, Idaho	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Frank Mix			7. State or Country of Father's Birth: America
MOTHER	8. Full Maiden Name of Mother: Elizabeth Francis			9. State or Country of Mother's Birth: Kansas,
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frankie Lillian Moore	11. Present Address of Registrant: 2723 So. 99, Grants Pass, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 28, 1953.		12. Signature of Notary: Evelyn Steele	13. Notary Commission expires: October 17 1956.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Motor Vehicle Operators License No. 4R220646		By whom issued and signed: Oregon Motor Vehicle Bureau	Date Issued: June 29, 1939	Date Orig. Entry: June 29, 1939
Class* B	Date of Birth: 39 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit		By whom issued and signed: Richard Eldon Tribble	Date Issued: Jan.6,1953	Date Orig. Entry:
Class B	Date of Birth: Nov. 11, 1899	Birth Place: Moscow, Idaho	Full Name of Mother: Elizabeth Francis	Name of Father: Frank Mix	
SUPPORTING RECORD 3.	Type of Document: Affidavit by		By whom issued and signed: Pearl Davis	Date Issued: Jan.12,1953	Date Orig. Entry:
Class B	Date of Birth: Nov. 11, 1899	Birth Place: Moscow, Idaho	Full Name of Mother: Elizabeth Francis	Name of Father: Frank Mix.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Feb. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 2 1959

463-02-1006-214

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 123
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donald Francis Molen.
2. Date of Birth (month) October (day) 2 (year) 1899
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Ammon, Bingham b. City or Town of Birth: Ammon, Idaho.

FATHER

6. Full Name of Father: John Wesley Molen.
7. State or Country of Father's Birth: Lehi, Utah.

MOTHER

8. Full Maiden Name of Mother: Carrie R. Sauers.
9. State or Country of Mother's Birth: Salt Lake City, Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donald Francis Molen
11. Present Address of Registrant: 2128-Van Ness ave San Francisco, Calif

NOTARY (Seal)

Subscribed and sworn to before me on February 3 19 53

12. Signature of Notary: Jennie Faggatt
NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA
13. Notary Commission expires: July 26 19 53

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record
By whom issued and signed: L. D. S. Church, by Joseph Fielding Smith
Date issued: Nov. 17, 1952
Date Orig. Entry: Entered on record Jan. 7, 1900

Class* A

Date of Birth: Oct. 2, 1899
Birth Place: Ammon, Idaho
Full Name of Mother: Carrie Sauers
Name of Father: John W. Molen

SUPPORTING RECORD 2.

Type of Document: Insurance record #1 225 514A
By whom issued and signed: Metropolitan Life Ins. Co. L. J. Schmoll
Date issued: 12/16/52
Date Orig. Entry: Application on ~~April 9, 1927~~

Class B

Date of Birth: Oct. 2, 1899
Birth Place:
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date issued:
Date Orig. Entry:

Class

Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: Feb. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

REGISTRANT

1. Present Name of Birth

2. Date (month) (day) (year)

3. Place of Birth (City) (County)

4. Full Name of Father

5. Place of Birth (City) (County)

6. State or Country of Father's Birth

MOTHER

7. Full Maiden Name of Mother

8. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

9. Signature of Applicant

10. Present Address of Applicant

NOTARY

Subscribed and sworn to before me on

11. Signature of Notary

12. Notary Commission expires

SUPPORTING RECORD 1

Type of Document

Date of Birth Birth Place

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

SUPPORTING RECORD 2

Type of Document

Date of Birth Birth Place

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

SUPPORTING RECORD 3

Type of Document

Date of Birth Birth Place

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(seal)

State Registrar

Evidence reviewed

Date Filed

Feb. 9, 1965

"Class A Records are those [illegible] Class B Records are those [illegible] but are at least [illegible]

Form [illegible]

415-218-029.962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-230
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lydia Rasetta Davis

5. Date of Birth of Child (Month, day, year) Nov. 18-1899

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Sprague Davis
11. Color or Race White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Kansas. (City or town) (State or foreign country)
14. Exact Occupation Saw mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Rodella Robertson
17. Color or Race White 18. Age at time of THIS birth 14 yrs.
19. Birthplace Latah Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for [redacted] years, and that Dr Dart (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H. Robertson Signature
N. 725 Ash Park Road Spokane 6, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of February, 1953

(SEAL) J. Brodeman, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 5, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

893-217-007-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-238
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Loorral
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Loorral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Loorral Ida

4. FULL NAME OF CHILD Gladys Anna Hicks

5. Date of Birth of Child (Month, day, year) Aug. 17 1899

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Lyle Hicks
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Leasing & working mines

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Eliza de'Lile
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Macon (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business No other.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this ~~person for 42 years, and that~~ Mrs. Biva Skyles (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Hicks Fletcher Signature
Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 4th day of November, 1942.
(SEAL) O. G. Morell Notary Public, residing at Mtn. Home, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 6, 1953 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local~~ registrar for ~~record~~ in the Bureau of Vital Statistics for the purposes ~~and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, ~~when such~~ report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

299-229-030-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-264
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Kirkham			2. Date of Birth (month) (day) (year): August 29, 1899
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Near Tendoy, Idaho
FATHER	6. Full Name of Father: Robert Kirkham			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Margaret Sharkey			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Albertson		11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 28 1953	12. Signature of Notary: Frederick Hughes Shook		13. Notary Commission expires: Sept. 21 1953

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: Oct. 26, 1939	Date Orig. Entry
Class* B	Date of Birth: Aug. 29, 1899 / Birth Place: Lemhi, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Adele S. Radford	Date Issued: Feb. 26, 1953	Date Orig. Entry
Class B	Date of Birth: Aug. 29, 1899 / Birth Place: Lemhi County, Idaho	Full Name of Mother: Margaret Sharkey	Name of Father: Robert Kirkham	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Frank Sharkey	Date Issued: Feb. 28, 1953	Date Orig. Entry
Class B	Date of Birth: Aug. 29, 1899 / Birth Place: Lemhi County, Idaho	Full Name of Mother: Margaret Sharkey	Name of Father: Robert Kirkham	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]		Date Filed: March 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 3 1967

MAR 17 1953

Filed under Section 11, Act of March 22, 1907

Registrar's Full Name at Birth: Elizabeth Hilborn

Sex: Female

Place of Birth: Lemhi County

Full Name of Father: Robert Hilborn

Full Maiden Name of Mother: Margaret Shorey

Date of Birth: August 29, 1894

Place of Birth: Near Lemhi, Idaho

State or Country of Father's Birth: England

State or Country of Mother's Birth: Idaho

Signature of Registrant: Elizabeth Hilborn Schwarz

Address of Registrant: Salt Lake City, Utah

Signature of Witness: [illegible]

Address of Witness: [illegible]

Date Filed: [illegible]

Registrar

SUPPORTING RECORD 1

Type of Document: Affidavit by Witness

Date of Birth Place: [illegible], 1899, [illegible]

Full Name of Mother: [illegible]

By whom Issued and Signed: [illegible]

Date Issued: Feb. 23, 1953

Date Orig. Entry: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 2

Type of Document: Affidavit by Witness

Date of Birth Place: [illegible], 1899, [illegible]

Full Name of Mother: [illegible]

By whom Issued and Signed: [illegible]

Date Issued: Feb. 23, 1953

Date Orig. Entry: [illegible]

Name of Father: [illegible]

Evidence Relied on: [illegible]

Date Filed: [illegible]

355-228-006-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
23 1952
DIVISION OF VITAL STATISTICS

State File No. De53 295
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Gertrude Teeples			2. Date of Birth (month) (day) (year): January 28, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Goshen, Bingham, Idaho	b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Ransford Henry Teeples			7. State or Country of Father's Birth: Holden, Millard, Utah
MOTHER	8. Full Maiden Name of Mother: Lodisa Elizabeth Killian			9. State or Country of Mother's Birth: Glenwood, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hannah Gertrude Teeples	11. Present Address of Registrant: 1133 So. 5th Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 20 1952		12. Signature of Notary: Jayson C. Holladay	13. Notary Commission expires: April 6 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Ransford Henry Teeples	Date Issued: Feb. 5, 1952	Date Orig. Entry
Class* B	Date of Birth: Jan. 28, 1899 / Birth Place: Goshen, Idaho	Full Name of Mother: Lodisa Elizabeth Killian	Name of Father: Ransford Henry Teeples	
SUPPORTING RECORD 2.	Type of Document: Application for insurance	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: May 15, 1929
Class B	Date of Birth: Jan. 28, 1899 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Family record of births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Jan. 28, 1899
Class A	Date of Birth: Jan. 28, 1899 / Birth Place: Goshen, Idaho	Full Name of Mother: Lodisa Elizabeth Killian	Name of Father: Ransford Henry Teeples	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Mar. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 25 1953

168-113-029-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-351
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theodore John Johann		2. Date of Birth (month) July (day) 13 (year) 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Genesee b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: John Johann		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Katie Bromemeling		9. State or Country of Mother's Birth: Iowa U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ted Johann	11. Present Address of Registrant: 6013 Carlotto, Spokane Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Apr 13 1953	12. Signature of Notary: [illegible]	13. Notary Commission expires: Jan. 2 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St. Mary, Genesee,	Date Issued: Idaho	Date Orig. Entry: July 16, 1899
Class* A	Date of Birth: July 13, 1899	Birth Place: Genesee, Idaho	Full Name of Mother: Catherine Broemeling	Name of Father: John Johann
SUPPORTING RECORD 2.	Type of Document: Roll of Registered Electors	By whom issued and signed: Latah County Recorder	Date Issued:	Date Orig. Entry: Oct. 15, 1926
Class B	Date of Birth: 26 yrs old	Birth Place: Residence Genesee, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: Latah County Recorder	Date Issued:	Date Orig. Entry: Oct. 29, 1921
Class B	Date of Birth: 22 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: April 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

APR 9

1. Registrant's full name at birth

2. Date of birth

3. City or town of birth

4. Color or race

5. Sex

6. Place of birth

7. County of birth

8. Full name of father

9. State or country of father's birth

10. Full name of mother

11. State or country of mother's birth

12. Maiden name of mother

13. Signature of affiant

14. Relationship of affiant to registrant

15. Mailing address of affiant

16. Signature of notary

17. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of document

By whom issued and signed

Date issued

Date orig. entry

Date of birth

Birth place

Full name of mother

Name of father

SUPPORTING RECORD 2.

Type of document

By whom issued and signed

Date issued

Date orig. entry

Date of birth

Birth place

Full name of mother

Name of father

SUPPORTING RECORD 3.

Type of document

By whom issued and signed

Date issued

Date orig. entry

Date of birth

Birth place

Full name of mother

Name of father

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

Date Registrar

By deputy registrar

Date filed

Registrar

APRIL 9, 1970

Fees & receipts are those made and dated between [illegible] months after birth.

Fees and receipts are those made after the [illegible] at least 1 year old.

613-223-020-639

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-421
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dollie Florence Watkins
2. Date of Birth (month) Dec. (day) 23 (year) 1899
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Glenns Ferry

FATHER

6. Full Name of Father: James Watkins
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Minnie Oliver
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dollie Florence Watkins
11. Present Address of Registrant: 960½ Garnet St Salem Oregon

NOTARY (Seal)

Subscribed and sworn to before me on April 17 1953

12. Signature of Notary: Eugene E Laird
13. Notary Commission expires 3/28 1954 Notary public for Oregon

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Department of Commerce Bureau of the Census	census of	1900
Class* A	Date of Birth: Dec. 1899 / Birth Place: Idaho	Full Name of Mother: Minnie and	Name of Father: James Watkins	
SUPPORTING RECORD 2.	Insurance policy	Business Men's Assurance Co. of America		Mch. 27, 1927
Class B	Date of Birth: Dec. 23, 1899 / Birth Place: Glenns Ferry, Idaho	Full Name of Mother:	Name of Father: James Watkins	
SUPPORTING RECORD 3.	Affidavit by brother	Roy E. Watkins	Mch. 17, 1953	
Class B	Date of Birth: Dec. 23, 1899 / Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Minnie Watkins	Name of Father: James Watkins	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	Apr. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

1. Registrant's full name at birth: Willie Florence Watkins
2. Sex: Female
3. Color or race: White
4. Date of birth (month, day, year): Dec. 23, 1897
5. Place of birth (county or town): Idaho Springs
6. Full name of father: James Watkins
7. State or country of father's birth: Kansas
8. Full maiden name of mother: Minnie Watkins
9. State or country of mother's birth: Idaho

APR 26 1953

Affiant, being duly sworn, deposes and says that the statements made herein are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

10. Signature of Registrant
11. Present address of Registrant
12. Signature of Notary
13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Date of Document	By whom issued and signed	Date issued	Date orig. entry
	Census record	Department of Commerce Bureau of the Census	Census of 1930	
	Date of birth: Birth place	Full name of Mother	Name of Father	
	[illegible]	[illegible]	James Watkins	

Supporting Record 2	Date of Document	By whom issued and signed	Date issued	Date orig. entry
	Insurance policy	Business Men's Assurance Co. of America	Nov. 27, 1931	
	Date of birth: Birth place	Full name of Mother	Name of Father	
	Nov. 23, 1897, Clarke County,	Idaho	James Watkins	

Supporting Record 3	Date of Document	By whom issued and signed	Date issued	Date orig. entry
	Affidavit by brother	Roy W. Watkins	Nov. 17, 1953	
	Date of birth: Birth place	Full name of Mother	Name of Father	
	Dec. 23, 1897, Clarke County,	Idaho Minnie Watkins	James Watkins	

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying abstract.

Chief, Bureau of Registration

Date filed: Sept. 2, 1953

Examined by: [illegible]

Date filed: Sept. 2, 1953

*Class A Records are those made at or shortly after the birth by a registrar of births.
Class B Records are those made after the expiration of one year but within a period of years.

Form 200 Issued

694-128-026-963

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-441
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Lee Ormond			2. Date of Birth (month) (day) (year): November 28 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rigby Jefferson	b. City or Town of Birth: Rigby Idaho
FATHER	6. Full Name of Father: Enos Ormond			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nellie Gilsetta Rolfe			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee Ormond		11. Present Address of Registrant: Rigby Idaho
NOTARY (Seal)	Subscribed and swom to before me on: 28th day of April 1953	12. Signature of Notary: T. Harold Lee		13. Notary Commission expires: March 26 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: New York Life	Date Issued: Apr. 3, 1928	Date Orig. Entry
Class* B	Date of Birth: Nov. 28, 1899 / Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: May 2, 1908
Class B	Date of Birth: Nov. 28, 1899 / Birth Place: Teacher, Rudy, now Rigby, Idaho	Full Name of Mother: Nellie G. Rolfe	Name of Father: Enos Ormond	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to Priesthood, L. D. S. Church	By whom issued and signed	Date Issued: Confirmed	Date Orig. Entry: May 3, 1908
Class B	Date of Birth: Nov. 28, 1899 / Birth Place: Rudy, now Rigby, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Also, insurance policy, Metropolitan Life Insurance Co, gives the date of birth as Nov. 28, 1899, Rigby, Idaho, Affidavit by mother gives the date of birth as Nov. 28, 1899, Rigby, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	April 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 30

619-117-025-691

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-479
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Brown, George Faris			2. Date Of Birth (month) Jan (day) 17 (year) 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: Frank Ferrel Brown			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Hannah Frazier ~~Brown~~			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: G. F. Brown		11. Present Address of Registrant: Pineville W. Va
NOTARY (Seal)	Subscribed and sworn to before me on: April 29th 1953	12. Signature of Notary: Mrs. Dorothy Boalt		13. Notary Commission expires: Jan. 5th 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible viewed by Helen C. Shufflebarger, Notary	Date Issued	Date Orig. Entry: Jan. 17, 1899
Class* A	Date of Birth: Jan. 17, 1899,	Birth Place: Grangeville, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Apr. 25, 1919	Date Orig. Entry
Class B	Date of Birth: 19 yrs old	Birth Place: Grangeville, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Insurance Co.	Date Issued: 3-19-1920	Date Orig. Entry
Class B	Date of Birth: Jan. 17, 1899,	Birth Place: Grangeville, Idaho	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Also, life insurance policy, Penn Mutual Life Insurance Co, dated Jan. 7, 1929 gives the date of birth as Jan. 17, 1899, in Grangeville, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eder	May 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 2 1982

MAY 13 1953

556-214-006-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-518
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ITHA MANNING NEWMAN		2. Date of Birth (month) November (day) 14, (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: Robert Marchant Newman		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Violet Galbraith Manning		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Itha Sudall	11. Present Address of Registrant: Rupert, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 17th 1953	12. Signature of Notary: Floyd J. Smith	13. Notary Commission expires: February 19th 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: Nov. 14, 1899
Class* A	Date of Birth: Nov. 14, 1899 / Birth Place: Milo, Idaho	Full Name of Mother: Violet G. Manning	Name of Father: Robert M. Newman	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: July 2, 1908
Class B	Date of Birth: Nov. 14, 1899 / Birth Place: Milo, Idaho	Full Name of Mother: Violet G. Manning	Name of Father: Robert M. Newman	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Feeder		Date Filed: May 25, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 26 1983

967-209-040-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 522
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Christine Hanman Rogers			2. Date of Birth (month) November (day) 9 (year) 1899
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Idaho Shoshone	b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: Roger Roland Rogers			7. State or Country of Father's Birth: Sussex, England
MOTHER	8. Full Maiden Name of Mother: Mary Grace Gilbert			9. State or Country of Mother's Birth: No. Dakota U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy R. Bray		11. Present Address of Registrant: 1331 Imperial Dr. Glendale 7, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1953	12. Signature of Notary: Donald J. Doron		13. Notary Commission expires: February 4, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: 10/20/52	Date Orig. Entry: Census of June 1, 1900
Class* A	Date of Birth: Nov. 1899 6/12ths yr. / Birth Place: Idaho	Full Name of Mother: Mary C. Rogers	Name of Father: Roger R. Rogers	
SUPPORTING RECORD 2.	Type of Document: The Lewis and Clark High School Record	By whom issued and signed: A. L. Parker, Principal	Date Issued: 9/2/52	Date Orig. Entry: Entered on Sept. 10, 1914
Class B	Date of Birth: Nov. 9, 1899 / Birth Place:	Full Name of Mother:	Name of Father: R. R. Rogers	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: Roger R. Rogers	Date Issued: 7/24/52	Date Orig. Entry:
Class B	Date of Birth: Nov. 9, 1899 / Birth Place: Kellogg, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Penson	Evidence reviewed by: Edna Hamilton	Date Filed: May 26, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 26 1953

366-204-004-513

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 524
Local Reg. No.
Reg. Dist. No.

Effie Rosella Cook

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: White Female Dingle, Idaho. Bear Lake	2. Date of Birth (month) Nov. (day) 4 (year) 1899	Dingle, Idaho.
	3. Color or Race: George	4. Sex: Henry Cook	5. Place of Birth a. County: Cedarfort, Utah.
			b. City or Town of Birth
FATHER	6. Full Name of Father: Elizabeth Hannah Nate	7. State or Country of Father's Birth: Lehi, Utah.	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth: 650 E. Jefferson Pomona Calif	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie Cook Tanner 650 E Jefferson	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1953	12. Signature of Notary: Lora Batcheller	13. Notary Commission expires: Jan. 26 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Sept. 6, 1908	Date Orig. Entry: Baptized on Sept. 5, 1908
Class* B	Date of Birth: Nov. 4, 1899 / Birth Place: Dingle, Idaho	Full Name of Mother: Elizabeth H. Nate	Name of Father: George H. Cook	
SUPPORTING RECORD 2.	Type of Document: A Blessing given by Hyrum C. Smith	By whom issued and signed: L. D. S. Church	Date Issued: Mar. 21, 1922	Date Orig. Entry
Class B	Date of Birth: Nov. 4, 1899 / Birth Place: Dingle, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Mount Whitney Mutual Life Assn.	Date Issued: July 13, 1933	Date Orig. Entry
Class B	Date of Birth: 33 yrs old. / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Penson	Evidence reviewed by: Edna Hamilton	Date Filed: May 26, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 26 1953

794-218-001-439

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 631
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLO MARJORIE PRUITT		2. Date of Birth (month) JUNE (day) 18 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Mark Pruitt		7. State or Country of Father's Birth: Jasper County, Iowa	
MOTHER	8. Full Maiden Name of Mother: Nancy McIntosh		9. State or Country of Mother's Birth: Pottawattamie County, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flo Marjorie Pruitt	11. Present Address of Registrant: 1510 Ave. "N" Council Bluffs, Iowa	
NOTARY (Seal)	Subscribed and sworn to before me on: June 15, 19 53	12. Signature of Notary: LaVina G. Larsen	13. Notary Commission expires: July 4, 19 54	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Bible record of births	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: June 18, 1899 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: No. AIL 6321 Application for Insurance	By whom issued and signed: Sterling Insurance Company	Date Issued: Dec. 15, 1948	Date Orig. Entry:
	Date of Birth: June 18, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: Reorganized Church of L. D. S. Church, Merle P. Guthrie, Recorder	Date Issued: Aug., 1912	Date Orig. Entry: Baptized on Aug. 18, 1912
	Date of Birth: June 18, 1899 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 19, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 18 1968

Boise, Idaho

June 18, 1968

W. W. Emson

June 18, 1968

394-211-235-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-661
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Rose Timmons		2. Date of Birth (month) December (day) 11 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Melrose, Idaho	b. City or Town of Birth: Melrose, Idaho
FATHER	6. Full Name of Father: William Warren Timmons		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Almira Ellen Denny		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Rose (Timmons) Bartholomew	11. Present Address of Registrant: S-309 Wall St. Spokane, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1953	12. Signature of Notary: R. G. Taylor	13. Notary Commission expires: June 7 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: Deaconess Hospital, Spokane Wash.	Date Issued: 6-24-53	Date Orig. Entry: Oct. 14, 1932
Class* B	Date of Birth: 32 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: The Prudential Insurance Co.	Date Issued:	Date Orig. Entry: May 7, 1921
Class B	Date of Birth: 22 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Geo. William Timmons	Date Issued: 6-20-53	Date Orig. Entry:
Class B	Date of Birth: Dec. 11, 1899	Birth Place: Melrose, Idaho	Full Name of Mother: Almira Ellen Timmons	Name of Father: William Warren Timmons
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: July 2, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State File No. _____

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No. _____

State File No. _____

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Rachel Rose Simmons
2. Date of Birth (month, day, year): December 11, 1922
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. City or Town: Malrose, Idaho b. County: _____
6. City or Town of Birth: Malrose, Idaho

FATHER

7. Full Name of Father: William Warren Simmons
8. State or Country of Father's Birth: Missouri

MOTHER

9. Full Maiden Name of Mother: Audrey Olive Denny
10. State or Country of Mother's Birth: Iowa

AFFIDAVIT

Affidavits declare that the statements made herein are true to the best of my knowledge and belief.

11. Present Address of Registrant: 209 Main St. Spokane
12. Signature of Registrant: Rachel Simmons
13. Signature of Notary: _____
14. Notary Commission Expires: _____

JUL 2 - 1993

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING EVIDENCE No. 1

Type of Document: Hospital Record
Date of Birth: _____ Birth Place: _____
By whom issued and signed: Deaconess Hospital, Spokane Wash.
Full Name of Mother: _____
Date Issued: 6-24-93
Date Reg. Dist.: Oct. 1, 1972
Name of Father: _____
Class: _____

SUPPORTING EVIDENCE No. 2

Type of Document: Insurance Policy
Date of Birth: _____ Birth Place: _____
By whom issued and signed: The Prudential Insurance Co.
Full Name of Mother: _____
Date Issued: May 7, 1971
Name of Father: _____
Class: 22 yrs old

SUPPORTING EVIDENCE No. 3

Type of Document: Affidavit by Brother
Date of Birth: _____ Birth Place: _____
By whom issued and signed: Geo. William Simmons
Full Name of Mother: _____
Date Issued: 6-20-93
Date Reg. Dist.: _____
Name of Father: William Warren Simmons
Class: _____

SEARCH CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying abstract.

Registrar: R. R. Nelson
Evidence reviewed by: _____
Date Filed: July 2, 1993

*Class A records are those made before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but before 5 years old.

355-124-014-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-781
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Tevebaugh		2. Date Of Birth (month) (day) (year): April 24 1899
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Boise Idaho Canyon; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Jacob Tevebaugh		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Maude Schaler		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Tevebaugh	11. Present Address of Registrant: Rt#1 Cathlamet Washington
NOTARY (Seal)	Subscribed and sworn to before me on: August 14 1953	12. Signature of Notary: [illegible]	13. Notary Commission expires Court Commissioner, Superior Court of Wahkiakum County, State of Washington 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Social Security - Social Security Board		Dec. 5, 1936	
Class* B	Date of Birth: Apr. 24, 1899	Birth Place: Boise, Idaho	Full Name of Mother: Maude Schaler	Name of Father: Jacob Tevebaugh
SUPPORTING RECORD 2.	Census Record	Department of Commerce Bureau of the Census	Census of	1900
Class A	Date of Birth: April 1899 1 year old,	Birth Place: Idaho	Full Name of Mother: Maude and	Name of Father: Jacob Tevebaugh
SUPPORTING RECORD 3.	Operator's License	State of California	7-23-1944	
Class B	Date of Birth: Apr. 24, 1899	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields	Date Filed: Aug. 17, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

034-103-035-569

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-787
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertle McDonald			2. Date Of Birth (month) Nov. (day) 3 (year) 1899
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Idaho	b. City or Town of Birth: no town
FATHER	6. Full Name of Father: John McDonald			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Tilda Norby			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertle McDonald		11. Present Address of Registrant: Sequim, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: August 3, 1953 19	12. Signature of Notary: Eugene O. Farrell		13. Notary Commission expires: Sept. 27, 1954.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census	By whom issued and signed: Tacoma Public Schools	Date Issued: census of	Date Orig. Entry: May 1, 1909
Class* B	Date of Birth: Nov. 3, 1899	Birth Place: Name given as Barto	Full Name of Mother:	Name of Father: John McDonald
SUPPORTING RECORD 2.	Type of Document: School Census	By whom issued and signed: Port Townsend, Wash.	Date Issued: 3-31-53	Date Orig. Entry:
Class B	Date of Birth: Nov. 3, 1899	Birth Place: name given as Berto	Full Name of Mother:	Name of Father: John McDonald
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of	Date Orig. Entry: 1900
Class A	Date of Birth: Nov. 1899 6 mo. old	Birth Place: Idaho	Full Name of Mother: Tilda McDonald	Name of Father: John McDonald
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: Aug. 17, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

REGISTRANT

3. Registrant's Full Name at Birth

4. Date of Birth (Month) Nov. (Day) 3 (Year)

5. City or Town of Birth

6. County of Birth

7. Sex

8. Color or Race

FATHER

9. Full Name of Father

10. State or Country of Father's Birth

MOTHER

11. Maiden Name of Mother

12. State or Country of Mother's Birth

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

13. Signature of Registrant

14. Present Address of Registrant

Sworn to and sworn to before me on August 3, 1953 19

15. Signature of Notary

16. Notary Commission Expires

Sept. 27, 1954.

SUPPORTING RECORD 1

Type of Document

Date of Birth Birth Place

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

SUPPORTING RECORD 2

Type of Document

School Census

Date of Birth Birth Place

Nov. 3, 1953, Twin Falls, Idaho

Full Name of Mother

Mrs. Joseph Smith

Date Issued

3-31-53

Date Orig. Entry

Name of Father

John Smith

SUPPORTING RECORD 3

Type of Document

Hospital Record

Date of Birth Birth Place

Nov. 3, 1953 Twin Falls, Idaho

Full Name of Mother

Mrs. Joseph Smith

Date Issued

Date Orig. Entry

Name of Father

John Smith

CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing statement.

Registrar

Evidence received by

Date Filed

Aug. 14, 1953

AUG 18 1953

696-207-037-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-843
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Malina Orford		2. Date of Birth (month) Oct (day) 7th (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: DeLamar Owyhee	b. City or Town of Birth: DeLamar, Idaho
FATHER	6. Full Name of Father: Ernest Valentine Orford		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Alice Malina		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha M Utter	11. Present Address of Registrant: 4514 - 18 N E	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 31 1953	12. Signature of Notary: Don Kennedy.	13. Notary Commission expires: Jan 31 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of	Date Orig. Entry: 1920
Class* B	Date of Birth: 20 yrs old / Birth Place: Idaho	Full Name of Mother: Alice and	Name of Father: Ernest V. Orford	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: New York Life Insurance Co.	Date Issued:	Date Orig. Entry: Aug. 28, 1934
Class B	Date of Birth: Oct. 7, 1899 / Birth Place: Delamar, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Edith Gwendolen McPherson	Date Issued: Aug. 27, 1953	Date Orig. Entry:
Class B	Date of Birth: Oct. 7, 1899, / Birth Place: Delamar, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Melvin Fields		Date Filed: Sept. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 2 1959

Bureau of Vital Statistics
Division of Vital Statistics
Boise, Idaho

REGISTRANT

1. Registrant's name at birth

2. Date of birth (month) (day) (year)

3. Place of birth

4. Sex

5. Color or race

6. Full name of father

7. State or country of birth: Idaho

MOTHER

8. Full maiden name of mother

9. State or country of mother's birth

AFFIDAVIT

Affidavit of parents

I, the undersigned, being duly sworn, do hereby state that the statements made in this application are true to the best of my knowledge and belief.

Subscribed and sworn to before me on the date shown below.

Notary Commission expires

Census Record

Name of person listed in census

Name of father

Name of mother

Birthplace

Date issued: Date reg. Dec. 1920

Certified by: Name of father

Name of mother

Date issued: Date reg. Dec. 1920

Certified by: Name of father

Name of mother

Application for Insurance

Date of birth: Sept. 7, 1920 Delmar, Idaho

Date of insurance: Aug. 20, 1923

Name of insured: Name of father

Affidavit by sister

Date of birth: Sept. 7, 1920 Delmar, Idaho

Date of insurance: Aug. 27, 1923

Name of insured: Name of father

Certificate of Registration

Date filed: Sept. 3, 1951

Registrar

I, the undersigned, do hereby certify that the statements made in this application are true to the best of my knowledge and belief.

Signature of applicant

Date

366-116-003-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 16 1953

DIVISION OF VITAL STATISTICS

State File No. De53-880
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NATHAN SHERMAN COFFIN			2. Date Of Birth (month) November (day) 16th (year) 1899
	3. Color or Race: Whire	4. Sex: Male	5. Place of Birth a. County: Marsh Center Bannock	b. City or Town of Birth: Marsh Center
FATHER	6. Full Name of Father: Nathan Samuel Coffin Sr.			7. State or Country of Father's Birth: Huntsville, Utah
MOTHER	8. Full Maiden Name of Mother: Margaretta M. Cooper			9. State or Country of Mother's Birth: Oxford, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nathan Sherman Coffin		11. Present Address of Registrant: Lava Hot Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 15th 19 53	12. Signature of Notary: Fenella Hall		13. Notary Commission expires: March 1 19 54

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: Jan. 7, 1900
Class* A	Date of Birth: Nov. 16, 1899 / Birth Place: Marsh Center, Idaho	Full Name of Mother: Margaretta M. Cooper	Name of Father: Nathan Samuel Coffin, Sr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: June 5, 1908
Class B	Date of Birth: Nov. 16, 1899 / Birth Place: Marsh Center, Idaho	Full Name of Mother: Margaretta M. Cooper	Name of Father: Nathan Samuel Coffin, Sr.	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Belden		Date Filed: Sept. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 10 1961

APR 17 1969

SEP 17 1969

681-228-030-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-888
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maud Mary Wyant			2. Date of Birth (month) (day) (year): Aug. 28 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Clarence M. Wyant			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Ella Stotler			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maud Wyant Bonney		11. Present Address of Registrant: 2490 Harvard Blvd Los Angeles, 4, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 20 1953	12. Signature of Notary: Lucille Tuda		13. Notary Commission expires: My Commission Expires Sept. 12, 1956 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by Charles Herndon Notary Public	Date Issued:	Date Orig. Entry: Aug. 28, 1899
Class* A	Date of Birth: Aug. 28, 1899	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Nora Whitwell	Date Issued: June 30, 1953	Date Orig. Entry:
Class B	Date of Birth: Aug. 28, 1899	Birth Place: Salmon, Idaho	Full Name of Mother: Ella Stotler	Name of Father: Clarence M. Wyant
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Heden		Date Filed: Sept. 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

799-126-036-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De53-910~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Campbell Price			2. Date of Birth (month) Dec. (day) 26 (year) 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Malad City - Oneida	b. City or Town of Birth: Malad City - Idaho
FATHER	6. Full Name of Father: Ben Frank Price			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Campbell-Price			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel C Price		11. Present Address of Registrant: Hood River, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: September 12th 1953	12. Signature of Notary: John H McAllister		13. Notary Commission expires: February 10 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: entered	Date Orig. Entry: Sept. 5, 1909
Class* B	Date of Birth: Dec. 26, 1899 / Birth Place: Malad City, Idaho	Full Name of Mother: Sarah Campbell	Name of Father: Benjamin Price	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Mary Price Daniels	Date Issued: Sept. 25, 1953	Date Orig. Entry:
Class B	Date of Birth: Dec. 26, 1899 / Birth Place: Malad City, Idaho	Full Name of Mother: Sarah Campbell	Name of Father: Benjamin Price	
SUPPORTING RECORD 3.	Type of Document: Voting Record	By whom issued and signed: State of Oregon County of Hood River	Date Issued: Dec. 30, 1935	Date Orig. Entry:
Class B	Date of Birth: not given / Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felton	Sept. 28, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 28 1969

66411-014-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 944
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Warren Claire Fouch		2. Date of Birth (month) Jan (day) 11 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Frank Recner Fouch		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Altha Elizabeth Mitchell		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren C Fouch	11. Present Address of Registrant: 2305 Nth Boise
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 6, 1953	12. Signature of Notary: Mabel Fleeman	13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: APPLICATION for Insurance	By whom issued and signed: Mid-Continent Life	Date Issued: Jan. 11, 1899	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Parma, Idaho on Jan. 11, 1899	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: State of California Ralph Ellis Fouch	Date Issued: July 16, 1930	Date Orig. Entry
Class B	Date of Birth / Birth Place: Jan. 11, 1899, Parma, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Winifred Westfall	Date Issued: Oct. 6, 1953	Date Orig. Entry
Class B	Date of Birth / Birth Place: Jan. 11, 1899, Parma, Idaho	Full Name of Mother: Althea Elizabeth Mitchell	Name of Father: Frank Recnor Fouch	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Fleeman	Oct. 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 7 1958

253216-035-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1015
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarey Mary Kettenbach		2. Date of Birth (month) 5/16 (day) 16 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lewiston Idaho Nez Perce	b. City or Town of Birth: Lewiston Idaho
FATHER	6. Full Name of Father: William F. Kettenbach		7. State or Country of Father's Birth: Indianapolis Indiana	
MOTHER	8. Full Maiden Name of Mother: Mary Jane White		9. State or Country of Mother's Birth: Idaho Nez Perce	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarey K. Lorenz	11. Present Address of Registrant: Lewiston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 30 1953	12. Signature of Notary: F. U. Long	13. Notary Commission expires: Mar 31 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Church of Nativity Rev. Keith R. Dean	Date Issued: 10/29/53	Date Orig. Entry: Baptized on April 23, 1905
Class* B	Date of Birth: May 16, 1899 / Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: Bureau of Vital Statistics File No. 66932	Date Issued: Filed on Mar. 8, 1919	Date Orig. Entry: Child born on Feb. 9, 1919
Class B	Date of Birth: 19 yrs old / Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Newspaper announcement of birth	By whom issued and signed: The Lewiston Morning Tribune Ruth Dean, Librarian	Date Issued: 11/5/53	Date Orig. Entry: Publication of May 17, 1899
Class A	Date of Birth: May 16, 1899 / Birth Place: Lewiston, Idaho	Full Name of Mother: Mr. and Mrs. W.	Name of Father: F. Kettenbach	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 15 1991

(59-M-010-459)

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 3 1953

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 1041
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma Golden Andrus			2. Date of Birth (month) October (day) 11 (year) 1899
	3. Color or Race: European	4. Sex: male	5. Place of Birth a. County: Willow creek Bonneville	b. City or Town of Birth: Willow creek
FATHER	6. Full Name of Father: Newton Andrus			7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Juletta Berrett			9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma Golden Andrus		11. Present Address of Registrant: Ashton, Idaho Route 2
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 2 1953	12. Signature of Notary: Helen Jensen		13. Notary Commission expires: Aug-1- 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 11/2/53	Date Orig. Entry: Blessed on Nov. 1, 1899
Class* A	Date of Birth: Oct. 11, 1899	Birth Place: Willow Creek, Idaho	Full Name of Mother: Juletta Berrett	Name of Father: Newton Andrus
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Juletta Berrett Andrus	Date Issued: Nov. 13, 1953	Date Orig. Entry:
Class B	Date of Birth: Oct. 11, 1899	Birth Place: Willow Creek, Ida.	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 3 1983

Registrant's full name at birth Mary Haldon Andrus		2. Date of birth October [illegible]
4. Color or race 5. Sex Caucasian Male	6. Place of birth Salt Lake County, Utah	3. City or town of birth William Creek
Father's full name Robert Andrus		7. State or country of father's birth Utah
Maiden name of mother Mildred Ferrell		8. State or country of mother's birth U.S.A.
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on	10. Signature of Registrant [illegible]	11. Present address of Registrant [illegible]
	12. Signature of Notary	13. Notary Commission expires [illegible]

Type of Document Certificate of Marriage	By whom issued and signed L. H. Dixon	Date issued 11/2/63	Date reg. Dept. Nov. 1, 1983
Date of birth Birth place	Full name of Mother	Name of father	
Type of Document Affidavit by Mother	By whom issued and signed Mildred Ferrell Andrus	Date issued Nov. 15, 1983	Date reg. Dept. Nov. 15, 1983
Date of birth Birth place	Full name of Mother	Name of father	
Type of Document	By whom issued and signed	Date issued	Date reg. Dept.
Date of birth Birth place	Full name of Mother	Name of father	

Class B

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.		
State Registrar [illegible]	Evidence reviewed by Linda Vandiver	Date filed Nov. 15, 1983

Subscribed and sworn before me (registrarship, journal, volume) the twenty-eighth day of January, 1984.

632-103-029-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 31 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1141
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Edgard Alphonso Olsson		2. Date of Birth (month) MAY (day) 3 (year) 1899
	3. Color or Race	4. Sex	5. Place of Birth a. County / b. City or Town of Birth
FATHER	6. Full Name of Father: AYEL OLSSON		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Fredricka Halland		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John E. Olsson	11. Present Address of Registrant: R. 370 McCabe Opportunity, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: December 29 1953	12. Signature of Notary: Carl B. Larsson	13. Notary Commission expires: Oct 17 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Troy Lutheran Church	Date Issued: Baptized	Date Orig. Entry: May 12, 1901
Class* A	Date of Birth: May 3, 1899 / Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Fredricka Olsson	Date Issued: Dec. 15, 1953	Date Orig. Entry:
Class B	Date of Birth: May 3, 1899 / Birth Place: Troy, Idaho	Full Name of Mother: Fredricka Olsson	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]		Date Filed: Dec. 31, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DO NOT WRITE BELOW THIS LINE

Type of Document

Date of Birth Birth Place

Full Name of Mother

Name of Father

Date Issued Date Reg. Dist.

Type of Document

Date of Birth Birth Place

Full Name of Mother

Name of Father

Date Issued Date Reg. Dist.

Type of Document

Date of Birth Birth Place

Full Name of Mother

Name of Father

Date Issued Date Reg. Dist.

State Registrar

Date Filed

Dec. 1, 1953

957-228-010-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-35
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Alice Ingersoll		2. Date of Birth (month) July (day) 28, (year) 1899	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Idaho	a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Ferdinand Coy Ingersoll		7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Rose Belle Hardy		9. State or Country of Mother's Birth: U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace alice Wayland	11. Present Address of Registrant: 160 s Harrison Blvd.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 19, 1954 19	12. Signature of Notary: Mabel Fielder	13. Notary Commission expires: May 7, 1957 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Insurance Co.	Date Issued: Oct. 27, 1926	Date Orig. Entry:
Class* B	Date of Birth: July 28, 1899	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Louis F. Ingersoll	Date Issued: Jan. 13, 1954	Date Orig. Entry:
Class B	Date of Birth: July 28, 1899	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Rose Belle Ingersoll	Name of Father: Ferdinand Coy Ingersoll
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, #250768	Date Issued: 12-30-1936	Date Orig. Entry:
Class B	Date of Birth: 37 yrs old	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Jan. 19, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

63-282-003-569

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 1 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-156
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Leone Adele O'Cander		2. Date of Birth (month) June (day) 22 (year) 1899	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Pocatello, Idaho Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Charles Oscar O'Cander		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Mary Norby		9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Leone Adele O'Cander Whitesponse	11. Present Address of Registrant: 2306 Rosemont Place. Seattle 99, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: 9th February 1954	12. Signature of Notary: John Betoche-Lee	13. Notary Commission expires: My Commission Expires April 16, 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of	Date Orig. Entry: 1910
Class* B	Date of Birth: 10 yrs old / Birth Place: Idaho	Full Name of Mother: Mary O'Cander	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Julia O'Chander Loh	Date Issued: Feb. 3, 1954	Date Orig. Entry:
Class B	Date of Birth: June 22, 1899 / Birth Place: Pocatello, Idaho	Full Name of Mother: Mrs and Mr. Charles O'Cander	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy- 419-19-91	By whom issued and signed: Mutual Life Insurance Co	Date Issued: issued in	Date Orig. Entry: 1929
Class B	Date of Birth: June 22, 1899 / Birth Place: Pocatello, Idaho	Full Name of Mother of N. Y.	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Keeler	Date Filed: Mch. 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Bureau of Vital Statistics

MAR 1 - 1954

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT

(Person whose birth is being registered)

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year) 22 1922

3. Color or Race

4. Sex

5. Place of Birth a. County

b. City or Town of Birth

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

I, declare upon oath that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

My Commission Expires April 6, 1956

APPLICANT: DO NOT WRITE BELOW THIS LINE

Kind of Document

By whom issued and signed

Date Issued

Date Reg. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 1.

Kind of Document

By whom issued and signed

Date Issued

Date Reg. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 2.

Kind of Document

By whom issued and signed

Date Issued

Date Reg. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

June 22, 1922, Pocatello, Idaho

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

Registrar

Evidence reviewed by

Date filed

R. W. Robson

Mon. 1, 1954

*Class A - Records are those made and filed before the registrant's fourth birthday.
Class B - Records are those made after the registrant's fourth but are at least 2 years old.

415-211-007-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 31 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-251
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Mary Frances Mandell		2. Date of Birth (month) August (day) 11 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hailey, Idaho — Blaine	b. City or Town of Birth: Hailey, Idaho
FATHER	6. Full Name of Father: Frank Chittenden Mandell		7. State or Country of Father's Birth: Detroit, Michigan	
MOTHER	8. Full Maiden Name of Mother: Martha Amelia Johnson		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Frances Mandell	11. Present Address of Registrant: 171 1st Avenue, Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: March 30th 1954	12. Signature of Notary: Fred A. H. Rohlfing	13. Notary Commission expires: Nov. 11 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Newspaper Notice	By whom issued and signed: The Hailey Times	Date Issued: dateof	Date Orig. Entry: Aug. 13, 1899
Class* A	Date of Birth: Aug. 11, 1899 / Birth Place: Hailey, Idaho	Full Name of Mother: Mrs and Mr.	Name of Father: Frank C. Mandell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Harold C. Mandell	Date Issued: Feb. 18, 1954	Date Orig. Entry:
Class B	Date of Birth: Aug. 11, 1899 / Birth Place: Hailey, Idaho	Full Name of Mother: Mrs. and Mr.	Name of Father: Frank C. Mandell	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Nellie Welch Wootan	By whom issued and signed:	Date Issued: Feb. 11, 1954	Date Orig. Entry:
Class B	Date of Birth: Aug. 11, 1899 / Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleder	Date Filed: Mch 31, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 27 1954

697-201-004-884

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 289
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Mary Wixom		2. Date of Birth (month) Jan. (day) 1 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Liberty
FATHER	6. Full Name of Father: John Stephen Wixom		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: May Janet Hymas		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel M. Wixom	11. Present Address of Registrant: 1600 Garden St.	
NOTARY (Seal)	Subscribed and sworn to before me on April 7 1954	12. Signature of Notary: Herbert B Taylor	13. Notary Commission expires: My Commission Expires May 27, 1955 In and for the County of Santa Barbara, State of California	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: L. D. S. Church, by Bishop Lunn Gordon	Date Issued: 4/6/54	Date Orig. Entry: Baptized on June 23, 1907
Class* B	Date of Birth: Jan. 1, 1899 / Birth Place: Bear Lake Co.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit re Policy 3111631	By whom issued and signed: Occidental Life Insurance Co. By Jackson, C. Brownson, Asst. Sec.	Date Issued: 12/4/53	Date Orig. Entry: Policy issued Jan. 10, 1950
Class B	Date of Birth: Jan. 1, 1899 / Birth Place: Liberty, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Mary Hyman Simmons	Date Issued: Dec. 7, 1953	Date Orig. Entry:
Class B	Date of Birth: Jan. 1, 1899 / Birth Place: Liberty, Idaho	Full Name of Mother: May Janet Hymas Wixom	Name of Father: John S. Wixom	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: April 12, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date ... 1959

Division of Vital Statistics
Boise, Idaho

Space File No. 1959-
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person about whom birth is being registered)

1. Registrant's full name at birth

2. Sex

3. Color or Race

4. Date of birth (month) (day) (year)

5. Place of birth (county)

6. City or town of birth

FATHER

7. Full name of father

8. State or Country of Father's birth

MOTHER

9. Full maiden name of mother

10. State or Country of Mother's birth

AFFIDAVIT

I, ... being duly sworn, upon oath, state that the statements made herein are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present address of Registrant

Subscribed and sworn to before me on ... 19...

13. Signature of Notary

14. Notary Commission expires

By Commission Exp. ...
Notary Public for State of Idaho, residing in County of ...

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Document

Date issued

Date reg. Entry

Affidavit re Policy 311021

Date of birth

Birth place

By whom issued and signature

I. W. Burton, Dr

Date issued

Date reg. Entry

Jan. 1, 1890 Idaho Falls Co.

Date of birth

Birth place

Full name of father

Bis or Jann Jordon

Full name of mother

Name of father

SUPPORTING RECORD 2.

Type of Document

Date issued

Date reg. Entry

Affidavit re Policy 311021

Date of birth

Birth place

By whom issued and signature

Full name of father

Name of father

Full name of mother

Jan. 1, 1890 Liberty, Idaho

SUPPORTING RECORD 3.

Type of Document

Date issued

Date reg. Entry

Affidavit of Age

Date of birth

Birth place

By whom issued and signature

Full name of father

Name of father

Full name of mother

Jan. 1, 1890 Liberty, Idaho

Mrs Jenet Hyma Wilson

John S. Wilson

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

Date Registrar

Evidence reviewed (s)

Date filed

W. Burton

Date Compiled

April 12, 1964

Please ... those dates and data after the registrant's birth (month, day, year) ... the month, birthday, but are of later 3 years old.

617401-040-668

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 29 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-344
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM BRYAN WAGNER		2. Date of Birth (month) September (day) 1 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Mullan
FATHER	6. Full Name of Father: Carl Casper Wagner		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Anna Bertha Wohlgethan		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William B. Wagner	11. Present Address of Registrant: 5667 Thornhill Drive Oakland 11, California	
NOTARY (Seal)	Subscribed and sworn to before me on April 19, 1954	12. Signature of Notary: Lora R. Chisler	13. Notary Commission expires: August 13, 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued: Dec. 12, 1922	Date Orig. Entry
Class* B	Date of Birth: Sept. 1, 1899 / Birth Place: Mullan, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: National Guard of the United States	Date Issued: July 8, 1924	Date Orig. Entry
Class B	Date of Birth: enlisted 21 yrs old / Birth Place: Mullan, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Mullan Public Schools	Date Issued: year	Date Orig. Entry: 1911-1912
Class B	Date of Birth: 12 yrs old / Birth Place:	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

School Record from the Berkeley Public Schools gives the date of birth as Sept. 1, 1899, school record for the year 1915-16, mother Annie Wagner.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Fleeler	April 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 29 1954

MAY 11 1954

Date of birth: April 3, 1922

Place of birth: Twin Falls

Full name of father: [illegible]

Full name of mother: [illegible]

Date issued: April 29, 1954

S14402.036-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 3 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-360
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elwin Morgan Vaughan			2. Date Of Birth (month) August (day) 2 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: David Phillip Vaughan			7. State or Country of Father's Birth: Malad City, Idaho
MOTHER	8. Full Maiden Name of Mother: Maude Thomas			9. State or Country of Mother's Birth: Malad City, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elwin Morgan Vaughan		11. Present Address of Registrant: 656 So. Hayes, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on April 30, 1954	12. Signature of Notary: [signature]		13. Notary Commission expires: June 19 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Assoc.	Date Issued: Aug. 12, 1941	Date Orig. Entry
Class* B	Date of Birth: Aug. 2, 1899 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Union Pacific R. R. Co.	Date Issued: June 28, 1923	Date Orig. Entry
Class B	Date of Birth: Aug. 2, 1899 / Birth Place: Malad, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Maude Vaughan	Date Issued: Apr. 29, 1954	Date Orig. Entry
Class B	Date of Birth: Aug. 2, 1899 / Birth Place: Malad, Idaho	Full Name of Mother: Maude Vaughan	Name of Father: David Phillip Vaughan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: May 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 4 1954

Type of document: Affidavit by mother

Date of birth: Aug. 2, 1897, Ballard, Idaho

By whom issued and signed: Mildred Jennings

Full name of mother: Mildred Jennings

Class: B

Type of document: Employment Record

Date of birth: Aug. 2, 1897, Ballard, Idaho

By whom issued and signed: Union Pacific R. R. Co.

Full name of mother: [illegible]

Class: B

Type of document: Birth Certificate

Date of birth: Nov. 12, 1921

By whom issued and signed: Michael Jennings

Full name of mother: [illegible]

Date issued: [illegible]

Date of birth: Nov. 29, 1923

By whom issued and signed: Union Pacific R. R. Co.

Full name of mother: [illegible]

Date issued: [illegible]

Date of birth: Nov. 29, 1921

By whom issued and signed: Mildred Jennings

Full name of mother: Mildred Jennings

Date issued: [illegible]

Date of birth: Nov. 29, 1921

Full name of father: David Milliff Jennings

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date filed: May 4, 1954

884-201-022-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 390
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLARISSE HYDE
2. Date of Birth (month) AUGUST (day) 1 (year) 1899
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho- b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: George Edward Hyde
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Rosa L. Farr
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarisse Hyde Hall
11. Present Address of Registrant: 2358 Eccles Ave. Ogden, Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: May 14 1954
12. Signature of Notary: Bunny Lea Dudley
13. Notary Commission expires: January 18 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Churchrecord of Birth
By whom issued and signed: L. D. S. Church
Date issued: 2/1/44
Date Orig. Entry: Entered on Record Sept. 3, 1899
Class*: A
Date of Birth: Aug. 1, 1899
Birth Place: Rexburg, Idaho
Full Name of Mother: Lucretia R. Farr
Name of Father: George E. Hyde

SUPPORTING RECORD 2.

Type of Document: Census record of 1900
By whom issued and signed: Bureau of the Census
Date issued: 5/4/53
Date Orig. Entry: Census of June 1, 1900
Class: A
Date of Birth: 10 mo. old Aug. 1899
Birth Place: Idaho
Full Name of Mother: Rosa L. Hyde
Name of Father: George E. Hyde

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date issued:
Date Orig. Entry:
Class:
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: May 17, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Ogden, Utah
February 26, 1954

To Whom It May Concern:

This is to certify that Rosa L. Hyde (married name) is one and the same person as Lucretia R. Farr (maiden name), as certified on the Certificate of Birth according to the records of the Church of Jesus Christ of Latter-day Saints.

Subscribed and sworn to before me
this 26 day of Feb. 1954.

Elmer L. Anderson
Notary Public

Fred T. Emerson
Witness

Cedar, Utah
February 26, 1948

To Whom It May Concern:

This is to certify that Joe L. Hyde (married name)

[illegible]

[illegible] on the records of birth [illegible]

I am church of Jesus Christ of Latter-day Saints.

Sworn to and subscribed before me
this 26 day of [illegible]

[illegible]

[illegible]

[illegible]

Ogden, Utah
January 22, 1954

To Whom It May Concern:

This is to certify that CLARISSE HYDE is one and the same person as CLARISSA HYDE, as certified on the Certificate of Birth according to the records of the Church of Jesus Christ of Latter-day Saints.

Subscribed and sworn to before me
this 22 day of January 1954

James R Faulger
Notary Public

M. L. Stevenson
Witness

MAY 17 [illegible]

Ogden, Utah
January 22, 1958

To Whom It May Concern:

This is to certify that CLARISSA HYDE is one and the same person as CLARISSA HYDE, as certified on the Certificate of Birth according to the records of the Church of Jesus Christ of Latter-Day Saints.

Subscribed and sworn to before me
this 22 day of January 1958

Notary Public

Witness

693-116-025-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 8 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-419
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Herbert William Wilson		2. Date of Birth (month) Sept. (day) 16 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: John Lee Wilson		7. State or Country of Father's Birth: Des Moines Iowa
MOTHER	8. Full Maiden Name of Mother: Lottie M. Girton		9. State or Country of Mother's Birth: Grangeville Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert William Wilson	11. Present Address of Registrant: 1201 Broadwe Ave Waukegan Illinois
NOTARY (Seal)	Subscribed and sworn to before me on: 3 April 1954	12. Signature of Notary: Bradford Elwell	13. Notary Commission expires: My Commission Expires November 3, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Service Certificate	By whom issued and signed: Herbert William Wilson	Date Issued: Aug. 11, 1919	Date Orig. Entry
Class* B	Date of Birth: Sept. 16, 1899 / Birth Place: Grangeville, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Benefit Association of R. R. Employees	Date Issued: Sept. 20, 1940	Date Orig. Entry
Class B	Date of Birth: Sept. 16, 1899 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Otis A. Wilson	Date Issued: May 20, 1954	Date Orig. Entry
Class B	Date of Birth: Sept. 16, 1899 / Birth Place: Grangeville, Idaho	Full Name of Mother: Lottie M Girton	Name of Father: John Lee Wilson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Fleden	May 24, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy

Form DPH 49067

553-215-009-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De54-528~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bell Emeleme Nelson		2. Date of Birth (month) Feb (day) 15 (year) 1899	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Hope Idaho
FATHER	6. Full Name of Father: Robert B Nelson		7. State or Country of Father's Birth: Nova Scotia	
MOTHER	8. Full Maiden Name of Mother: Augusta Williams		9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Bell B Reed	11. Present Address of Registrant: Box 178 Osburn Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 24 1954	12. Signature of Notary: N. Thorsen	13. Notary Commission expires: May 25 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: State of Idaho County of Bonner	Date Issued: June 30, 1917	Date Orig. Entry
Class* B	Date of Birth: 18 yrs old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: School Census	By whom issued and signed: Ass't Superintendent of Schools Bonner County, Idaho	Date Issued: census of 1911	Date Orig. Entry
Class B	Date of Birth: 12 yrs old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Louise Amblie	Date Issued: June 1, 1954	Date Orig. Entry
Class B	Date of Birth: Feb. 15, 1899, Hope, Idaho	Birth Place	Full Name of Mother: Augusta Williams	Name of Father: Robert B. Nelson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	June 24, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)

1. Name of Child: Female
2. Date of Birth
3. Sex
4. Place of Birth: Bonner County
5. City or Town of Birth
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

10. I certify under oath that the above statements are true to the best of my knowledge and belief.
11. Signature of Registrant
12. Present Address of Registrant

NOTARY USE

13. Subscribed and sworn to before me on
14. Signature of Notary
15. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document: Marriage License
Date of Birth, Birth Place
By whom issued and signed: State of Idaho
Full Name of Mother
Full Name of Father
Date Issued: June 30, 1917
Date Orig. Entry

SUPPORTING RECORD 2.

Type of Document: School Records
Date of Birth, Birth Place
By whom issued and signed: Bonner County, Idaho
Full Name of Mother
Full Name of Father
Date Issued: January 21, 1911
Date Orig. Entry

SUPPORTING RECORD 3.

Type of Document: AFFIDAVIT
Date of Birth, Birth Place: Feb. 15, 1899, Hope, Idaho
By whom issued and signed: Louise Ardilla
Full Name of Mother: Augusta Williams
Date Issued: June 1, 1911
Date Orig. Entry
Full Name of Father: Robert [illegible] Gibson

SUPPLEMENTARY INFORMATION

REGISTRAR'S CERTIFICATE (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts set forth in the foregoing abstract.

Registrar's Signature: M. W. Ferguson
Evidence Reviewed
Date Filed: June 24, 1911

38-103-001-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De54-552~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leslie Fred Thayer			2. Date Of Birth (month) May (day) 3 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Frederick Andrew Thayer			7. State or Country of Father's Birth: Locke, Michigan
MOTHER	8. Full Maiden Name of Mother: Etta Orleno Brown			9. State or Country of Mother's Birth: Guerneville, California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leslie F. Thayer		11. Present Address of Registrant: 3003 East Main St. Stockton, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on June 30 1954	12. Signature of Notary: Mabel Fredson		13. Notary Commission expires May 1 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Leonora T. Broili	Date Issued: 1/15/1951	Date Orig. Entry:
Class* B	Date of Birth: 5/3/1899 / Birth Place: Boise, Idaho	Full Name of Mother: Etta Orleno Brown	Name of Father: Frederick Andrew Thayer	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Robert W. Burgess, Director Bureau of the Census	Date Issued: 6/23/1954	Date Orig. Entry: 1900 Census
Class B	Date of Birth: May, 1899 / Birth Place: Idaho	Full Name of Mother: Etta O. Thayer	Name of Father: Fred A. Thayer	
SUPPORTING RECORD 3.	Type of Document: Life Ins. Policy #75786	By whom issued and signed: California State Life Ins. Co.	Date Issued: 7/2/1930	Date Orig. Entry:
Class B	Date of Birth: 5/3/1899 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Opal Peterson	Date Filed: June 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 1 1954

1. Child's full name at birth

2. Date of birth (month) May (day) 3 (year) 1949

3. Color or race

4. Sex

5. Place of birth: a. County

b. City or town of birth: Boise, Idaho

6. Full name of father: Francisco [illegible] Cuevas

7. State or country of father's birth: Mexico

8. Full maiden name of mother: [illegible]

9. State or country of mother's birth: Guerneville, California

10. Signature of registrar

11. Present address of registrant: [illegible]

12. Notary Commission Expires

Date issued

Date reg. Entry

Name of father

Date of birth

Place of birth

Full name of mother

Name of father

Date issued

Date reg. Entry

Date of birth

Place of birth

Full name of mother

Name of father

Date issued

Date reg. Entry

Date of birth

Place of birth

Full name of mother

Name of father

I hereby certify that to prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date filed

819-207-029-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUL 26 1954
Division of Vital Statistics

State File No. De54-635
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Esther HARRIS			2. Date of Birth (month) July (day) 7 (year) 1899
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Latah County	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Ruffus Wiley HARRIS			7. State or Country of Father's Birth: Fort Scot, Kansas
MOTHER	8. Full Maiden Name of Mother: Samantha Arabelle PECKENPAUGH			9. State or Country of Mother's Birth: Clinton, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah E. Buckenhagen formerly Beulah E. Harris		11. Present Address of Registrant: 927 No. 4th Ave. Yakima, Washington
NOTARY (Seal)	Subscribed and sworn to before me on 7-23- 1954	12. Signature of Notary: [illegible]		13. Notary Commission expires 9-3- 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Metropolitan Life	Date Issued: 3-1-37	Date Orig. Entry:
Class* B	Date of Birth: July 7, 1899	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Libby, McNeill & Libby Yakima Plant	Date Issued: 8-18-44	Date Orig. Entry:
Class B	Date of Birth: July 7, 1899	Birth Place: Genesee, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother	By whom issued and signed: Charles C. Harris	Date Issued: 7-2-54	Date Orig. Entry:
Class B	Date of Birth: July 7, 1899	Birth Place: Genesee, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: July 7, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 27 1954

294-106-001-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 647
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PERRY KENNETH KIMBALL		2. Date of Birth (month) July (day) 6 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Van Wyck
FATHER	6. Full Name of Father: LEVI S. KIMBALL		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: EMMA WITCHEY		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Perry Kenneth Kimball	11. Present Address of Registrant: 807 "O" Street Fresno, California	
NOTARY (Seal)	Subscribed and sworn to before me on: May 4, 1954	12. Signature of Notary: Alfred Thomas	13. Notary Commission expires: September 4 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: June 1,1954	Date Orig. Entry: Census of June 1, 1900
Class* A	Date of Birth: 10/12 mo. July 1899	Birth Place: Idaho	Full Name of Mother: Emma A. Kimball	Name of Father: Levi S. Kimball
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Recorded Jan. 25, 1932	Date Orig. Entry: Enlisted on July 31,1917
Class B	Date of Birth: 18 yrs old	Birth Place: Van Wyck, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: April 28, 1944	Date Orig. Entry: Enlisted on Nov. 9,1942
Class B	Date of Birth: 43 4/12 yrs.	Birth Place: Van Wyck, Idaho	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Affidavits by George L. Kimball, Silas L. Kimball, and Dix Kimball, three elder bros. giving the birthdate as July 6, 1899 and place of birth as Van Wyck, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name at birth: PERRY KENNETH KIMBALL

2. Date of birth (month, day, year): July 6, 1899

3. Color or race: White

4. Sex: Male

5. Place of birth (county): Van Wyck Ada

6. City or town of birth: Van Wyck

7. State or Country of father's birth: Illinois

8. Full name of father: KIMBALL

9. State or Country of mother's birth: Illinois

10. Maiden name of mother: [illegible]

11. Present address of applicant: 807 40th Street, Sacramento, California

12. Signature of notary: [illegible]

13. Notary Commission expires: September 4, 1955

NOTARY: I hereby certify upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me this 4 day of 1954

AFFIDAVIT: I, the undersigned, being duly sworn, upon oath state that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

SUPPORTING RECORD A — Type of document: Genuine record of INK — Birth place: [illegible] — Date of birth: [illegible] — Full name of the person: [illegible] — Full name of father: [illegible] — Full name of mother: [illegible] — By whom issued and signed: [illegible] — Date issued: [illegible] — Date offp. Serv.: [illegible]

SUPPORTING RECORD B — Type of document: Honorable Discharge — Date of birth: [illegible] — Birth place: [illegible] — Full name of Mother: United States Army — By whom issued and signed: [illegible] — Date issued: [illegible] — Date offp. Serv.: [illegible]

SUPPORTING RECORD C — Type of document: Honorable Discharge — Date of birth: [illegible] — Birth place: [illegible] — Full name of mother: Army of the United States — By whom issued and signed: [illegible] — Date issued: [illegible] — Date offp. Serv.: [illegible]

QUALIFYING INFORMATION: [illegible]

Giving the birthdate as July 6, 1899 and place of birth as Van Wyck, Idaho.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying affidavit.

Signature of Registrar: W. [illegible] Jameson

Evidence reviewed by: [illegible] Station

Date filed: Aug. 2, 1954

296-204-004-54S

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 685
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Charlotte Krogue		2. Date of Birth (month) November (day) 4th (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake County	b. City or Town of Birth: Bloomington
FATHER	6. Full Name of Father: David Anthony Krogue		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Leah Matilda Dunford		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile K. Ream	11. Present Address of Registrant: 606 The Alameda, Berkeley 7, California.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1954	12. Signature of Notary: Olivia Mizpah Hyatt	13. Notary Commission expires: June 26 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: May 3, 1908
Class* B	Date of Birth: Nov. 4, 1899 / Birth Place: Bloomington, Idaho	Full Name of Mother: Leah M. Dunford	Name of Father: David A. Krogue	
SUPPORTING RECORD 2.	Type of Document: University Enrollment record	By whom issued and signed: University of California Thomas B. Steel, Registrar	Date Issued: 8/16/54	Date Orig. Entry: Enrolled on Jan. 1924
Class B	Date of Birth: Nov. 4, 1899 / Birth Place: Bloomington, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Application for insurance rec.	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: 7/28/54	Date Orig. Entry: Nov. 12, 1920
Class B	Date of Birth: Nov. 4, 1899 / Birth Place: Bloomingtonm Idaho	Full Name of Mother: Leah Matilda D. Korgue	Name of Father: David Anthony Korgue	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Aug. 19, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 20 1980

Lucile Christine Rogue

Female | Bear Lake County | November 4th, 1893

Bloomington

David Anthony Rogue | Utah

Jean Matilda Burford | Idaho

863-229-035-556

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 14 1953
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 732
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy May Holt			2. Date of Birth (month) April (day) 29 (year) 1899
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Nez Perce
FATHER	6. Full Name of Father: James Lee Holt			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: May Anna Newell			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy May Hudnall		11. Present Address of Registrant: Omak, Washington
NOTARY (Seal)	Subscribed and sworn to before me on November 19 1952	12. Signature of Notary: Earl X Hansen		13. Notary Commission expires January 11 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's Mission Omak, Washington	Date Issued: Baptized	Date Orig. Entry: Mch. 15, 1913
Class* B	Date of Birth: 13 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Marriage record	By whom issued and signed: County of Okanogan, Washington	Date Issued: 8/6/54	Date Orig. Entry: Marriage license Jan. 17, 1925
Class B	Date of Birth: 25 yrs old / Birth Place: Idaho	Full Name of Mother: Nay Newell	Name of Father: James Holt.	
SUPPORTING RECORD 3.	Type of Document: Marriage record	By whom issued and signed: Coleman R. Walls, Co. Auditor Okanogan Co,, Wash.	Date Issued: 8/25/54	Date Orig. Entry: License issued Feb. 20, 1915
Class B	Date of Birth: 16 yrs old / Birth Place: Idaho	Full Name of Mother: May Newel	Name of Father: James Holt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 2 1954

James Leo Holt

Janice Fowell

Marriage record

Date of birth, birth place

10 yrs old

Idaho

Mae Fowell

James Holt

I hereby certify that no prior birth certificate has been found in the bureau of vital statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

Edna Hamilton

253-204-036-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 733
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILLIE ELAINE KELLEY			2. Date of Birth (month) February (day) 4 (year) 1899
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho Oneida County	b. City or Town of Birth: Samaria, Idaho
FATHER	6. Full Name of Father: Milton Erastus Kelley			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Cornelia Wood			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Millie E. Doner		11. Present Address of Registrant: Wilder, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 19 53	12. Signature of Notary: Mabel Fredgr		13. Notary Commission expires: May 7 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Brother	By whom issued and signed: Vea R. Kelley	Date Issued: 12/12/50	Date Orig. Entry: 12/12/50
Class* B	Date of Birth: Feb 4 1899 / Birth Place: Samaria, Idaho	Full Name of Mother: Cornelia Kelley	Name of Father: Milton Erastus Kelley	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics State of Idaho #73814	Date Issued: 10/13/19	Date Orig. Entry: 10/12/19
Class B	Date of Birth: 20 yrs old / Birth Place: Samaria, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Ida. Mutual Benefit Assn.	Date Issued: 7-10-43	Date Orig. Entry: 7-9-43
Class B	Date of Birth: Feb. 4,1899 / Birth Place: Samaria, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes - Pat Shields	Date Filed: Sept. 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 2 1954

168-210-036-271

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-925
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vessie Johnston		2. Date of Birth (month) October (day) 10 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Stone, Idaho
FATHER	6. Full Name of Father: Peter George Johnston		7. State or Country of Father's Birth: Stone, Idaho	
MOTHER	8. Full Maiden Name of Mother: Carlottie Susana Sparks		9. State or Country of Mother's Birth: Monument Point, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vessie Johnston Vessie Stryker	11. Present Address of Registrant: R. 3 - Box 582 Salem, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on July 7 1954	12. Signature of Notary: C L Ross	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON ~~My Commission Expires Oct. 18, 1957~~	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed:	Date Issued:	Date Orig. Entry: 1899
Class* A	Date of Birth: Oct. 10, 1899 / Birth Place:	Full Name of Mother: Corlottie Sparks	Name of Father: Peter George Johnston	
SUPPORTING RECORD 2.	Type of Document: A Patriarchal Blessing	By whom issued and signed: Miles L. Jones, Patriarch Ogden, Utah	Date Issued:	Date Orig. Entry: June 17, 1938
Class B	Date of Birth: Oct.10,1899 / Birth Place: Stone, Idaho	Full Name of Mother: Carlotty Susana Sparks	Name of Father: Peter George Johnston	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Pat Shields	Date Filed: Nov. 17, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 18 1954

Vessie Johnston

White F Stone, Idaho Oneida

Peter George Johnston

Charlotte Susan Sparks

Family Bible

Charlotte Susan Johnston

266-219-029-595

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-934
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Irene Boots		2. Date Of Birth (month) October (day) 18 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth:
FATHER	6. Full Name of Father: Charles Lloyd Boots		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Frances Ervin		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy I. Boots Albertson	11. Present Address of Registrant: 416 Lincoln Avenue Woodland, California	
NOTARY (Seal)	Subscribed and sworn to before me on Aug. 30th 1954	12. Signature of Notary: Nellie M. Lamb	13. Notary Commission expires Sept. 11th 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by an Aunt	By whom issued and signed: Frances B. Palmer	Date Issued: Sept. 10, 1954	Date Orig. Entry:
Class* B	Date of Birth: Oct. 18, 1899 / Birth Place: Latah County, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: Oct. 18, 1899	Date Orig. Entry:
Class A	Date of Birth: Oct. 18, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: State of Calif.	Date Issued: Dec. 6, 1916	Date Orig. Entry:
Class B	Date of Birth: 17 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeder	Date Filed: Nov. 22, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 23 1954

1. Registrant's full name at birth: Lucy Irene Boots

2. Date of birth (month, day, year): December 16, 1899

3. Color or race: White

4. Sex: Female

5. Place of birth: County: Idaho; City or town of birth:

6. Full name of father: Charles Lloyd Boots

7. State or country of father's birth: Indiana

8. Maiden name of mother: Frances Irvin

9. State or country of mother's birth: Missouri

10. Present address of applicant: 410 Hilgard Avenue, Berkeley, California

11. Signature of applicant:

12. Signature of notary:

Subscribed and sworn to before me on: June 30th, 19 54

Sept. 7th, 19 15

SUPPORTING RECORD 1: Type of document: Affidavit by an Aunt; Date of birth: ; Birth place: ; Date filed: ; Date orig. entry: Sept. 10, 1899; Name of father:

SUPPORTING RECORD 2: Type of document: Family Record; Date of birth: Oct. 19, 1899; Birth place: ; Date filed: ; Date orig. entry: Oct. 18, 1899; Name of father:

SUPPORTING RECORD 3: Type of document: Marriage Record; Date of birth: ; Birth place: ; Date filed: Dec. 6, 1916; Date orig. entry: ; Name of father:

REMARKS: Registrant's birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.

Date filed: Nov. 23, 1954

Signature: W. M. Renner

Evidence received by:

792-22-001-266

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 978
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen ~~Violet~~ Viola Gibbons		2. Date of Birth (month) July (day) 12 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Arthur Alexander Gibbons		7. State or Country of Father's Birth: Ontario, Canada	
MOTHER	8. Full Maiden Name of Mother: Chloe Ellen Boone		9. State or Country of Mother's Birth: Nevada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Gibbons Sherwood	11. Present Address of Registrant: F22 Riverside Silverton Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 1 1954	12. Signature of Notary: Velva M. Lowery	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES JAN. 18, 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lodge Record	By whom issued and signed: Royal Neighbors of America	Date Issued: March	Date Orig. Entry: 7, 1935
Class* B	Date of Birth: 7-12-1899 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: L. N. Lund, Personnel Dept Willamette Iron & Steel Co	Date Issued: 7-29-54	Date Orig. Entry: 4-24-43
Class B	Date of Birth: 7-12-1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Mid-Columbia Hospital & Clinic	Date Issued: 10-29-54	Date Orig. Entry: Nov. 29, 1939
Class B	Date of Birth: July 12, 1899 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 9 1954

437-112-012-714

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUN 9 - 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1005
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Melvin McGuire			2. Date of Birth (month) September (day) 12th. (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Moore
FATHER	6. Full Name of Father: Elmer Emerson McGuire			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Lulu Maud Gammett			9. State or Country of Mother's Birth: Utah, Pleasant Grove
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Melvin McGuire		11. Present Address of Registrant: 61-So. Xavier St. Denver Colo.
NOTARY (Seal)	Subscribed and sworn to before me on June 7th 1954	12. Signature of Notary: Louis E O'Brien		13. Notary Commission expires: march-7th 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Mrs. Edna Brown	Date Issued: May 15, 1954	Date Orig. Entry:
Class* B	Date of Birth: Sept. 12, 1899 / Birth Place: Moore, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Census Record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 11/16/54	Date Orig. Entry: Census of June 1, 1900
Class A	Date of Birth: Sept. 1899 8/12 yr.old / Birth Place: Idaho	Full Name of Mother: Lulu McGuire	Name of Father: Elmer E. McGuire	
SUPPORTING RECORD 3.	Type of Document: Boise Public Schools	By whom issued and signed: D. C. DeBeaumont, Supt.	Date Issued: 10/26/54	Date Orig. Entry: 1907-1908
Class B	Date of Birth: 8 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Dec. 16, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 17 1954

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name as given			
Peter McGuire			
2. Color or race	3. Sex	4. Place of birth	5. County
Male		Idaho	Butte
6. Date of birth (month, day, year)			
December 12th, 1899			
7. City or town of birth			
Moore			
8. Full name of father			
Jacobson McGuire			
9. Maiden name of mother			
[illegible]			
10. Birthplace of father			
Colorado			
11. Birthplace of mother			
Utah			
12. Occupation of father			
Lumber Truck			
13. Occupation of mother			
[illegible]			
14. Informant			
Mrs. Xavier M. [illegible]			
15. Address of informant			
[illegible]			
16. Date filed			
[illegible]			

AFFIDAVIT

NOTARY SEAL

17. Signature of registrant

18. Signature of notary

19. Notary Commission expires

SUPPORTING RECORD 1

Type of document: Affidavit

Date of birth: [illegible]

Place of birth: [illegible]

Full name of mother: Edna Brown

Date issued: May 15, 1954

SUPPORTING RECORD 2

Type of document: Census Report of 1920

Date of birth: December 12, 1899

Place of birth: Idaho

Full name of father: Bureau of the Census

Date issued: 12/15/54

SUPPORTING RECORD 3

Type of document: Social Security Application

Date of birth: [illegible]

Place of birth: [illegible]

Full name of father: D. C. Debenmont, Supt.

Date issued: 10/25/54

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the record on file.

State Registrar: [illegible]

Evidence reviewed by: Edna Hamilton

Date filed: Dec. 16, 1954

319-130-006-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1010
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Just Edward Larson.			2. Date of Birth (month) (day) (year): June. 30th 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho. Bingham	b. City or Town of Birth: Firth.
FATHER	6. Full Name of Father: John August Larson			7. State or Country of Father's Birth: Sweden.
MOTHER	8. Full Maiden Name of Mother: Charlotte Larson			9. State or Country of Mother's Birth: Sweden.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Just E. Larson		11. Present Address of Registrant: 509 N. Wells St. Renton, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: November 16th 1954	12. Signature of Notary: Dorothy Madison		13. Notary Commission expires: August 20 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by	By whom issued and signed: Arthur E. Anderson	Date Issued: April 25, 1941	Date Orig. Entry
Class* B	Date of Birth: June 30, 1899 / Birth Place: Firth, Idaho	Full Name of Mother: Charlotte Larson	Name of Father: John August Larson	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1900	Date Orig. Entry
Class B	Date of Birth: June 1899 11 yrs old / Birth Place: Idaho	Full Name of Mother: Charlotte Larson	Name of Father: August J. Larson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Banker's Life Company	Date Issued: Sept. 7, 1932	Date Orig. Entry
Class B	Date of Birth: June 30, / Birth Place: 1899, Firth, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

CLASS B. G. W. Cedarberg affidavit showing date of birth as June 30, 1899 and place of birth as Firth, Idaho. Parents as Charlotte Larson and John August Larson

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	eh Mabel Fielder	Dec. 21, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. Del. [illegible]
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 21 1954
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)
1. Registrant's Full Name at Birth [illegible]
2. Date of Birth (month) (day) (year) [illegible] 30 1896
3. Color or Race
4. Sex
5. Place of Birth (County) [illegible]
6. (City or Town of Birth) [illegible]

FATHER
7. Full Name of Father [illegible]
8. State or Country of Father's Birth [illegible]

MOTHER
9. Full Maiden Name of Mother [illegible]
10. State or Country of Mother's Birth [illegible]

AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Signature of Registrant [illegible]
12. Present Address of Registrant [illegible]

NOTARY Subscribed and sworn to before me on [illegible] 19[illegible]
13. Signature of Notary [illegible]
14. Notary Commission expires [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class B
Type of Document: Affidavits by [illegible]
By whom Issued and Signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: April 26, 1919
Date of Birth, Birth Place: June 30, 1896 [illegible], Idaho
Full Name of Mother: [illegible] Larsen
Name of Father: John August Larsen

SUPPORTING RECORD 2. Class B
Type of Document: Census Record
By whom Issued and Signed: Department of Commerce, Bureau of the Census
Date Issued: [illegible]
Date Orig. Entry: Census of 1900
Date of Birth, Birth Place: June 1896, Idaho
Full Name of Mother: [illegible] Larsen
Name of Father: August J. Larsen

SUPPORTING RECORD 3. Class A
Type of Document: Insurance Policy
By whom Issued and Signed: [illegible] Life Company
Date Issued: [illegible]
Date Orig. Entry: Sept. 7, 1932
Date of Birth, Birth Place: June 30, 1896, [illegible], Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION [illegible] June 30, 1896 [illegible]

CERTIFICATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts set forth in the foregoing abstract.

State Registrar: [illegible] Pearson
Evidence reviewed by: [illegible]
Date Filed: Dec. 21, 1954

Class A Records are those made and dated before the Registrant [illegible]
Class B Records are those [illegible]

433-11-044-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1011
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rupert Samuel McCormick		2. Date of Birth (month) (day) (year): Dec. 11 1899-8PM
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington b. City or Town of Birth: Cambridge Idaho
FATHER	6. Full Name of Father: Joseph Jerome McCormick		7. State or Country of Father's Birth: State of New York
MOTHER	8. Full Maiden Name of Mother: Hattie Ellen Blank		9. State or Country of Mother's Birth: Cove Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rupert Samuel McCormick	11. Present Address of Registrant: 4404 N.E. Emerson St. Portland 13 Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 19 52	12. Signature of Notary: Elizabeth M Payne	13. Notary Commission expires: MARCH 11, 1952 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Aug. 9, 1919	Date Orig. Entry: enlisted May 31, 1918
Class* B	Date of Birth: 18 yrs old	Birth Place: Cambridge, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #80385	Date Issued	Date Orig. Entry: May 31, 1920
Class B	Date of Birth: 20 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Hattie Ellen Rosenlof	Date Issued: Oct. 2, 1951	Date Orig. Entry
Class B	Date of Birth: Dec. 11,	Birth Place: 1899, Cambridge, Idaho	Full Name of Mother: Hattie Ellen Blank	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Felder	Date Filed: Dec. 21, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLAYED CERTIFICATE OF BIRTH

DEC 22 1954

168-209-028-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1023
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA BERTHA JOHNSON			2. Date of Birth (month) March (day) 9 (year) 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Coeur D'Alene-Kootenai	b. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: John Pete Johnson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Cecilia Bengston			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Anna Bertha Johnson (now) Anna B. Currie	11. Present Address of Registrant: West 2501 Broadway Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on Dec. 23 1954		12. Signature of Notary: Frank J. Black	13. Notary Commission expires: Nov. 12, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: John L. Huleen, Spokane Washington	Date Issued: Baptized	Date Orig. Entry: Sept. 1901
Class* A	Date of Birth: Mch 9, 1899	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother	Name of Father: J. P. Johnson
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Josephine Cress	Date Issued: Apr. 29,	Date Orig. Entry: 1954
Class B	Date of Birth: Mch. 9, 1899	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Cecilia Bengtson	Name of Father: John Peter Johnson
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleder		Date Filed: Dec. 28, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF OHIO

REGISTRAR

1. Registrar's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Color or Race 4. Sex 5. Place of Birth

6. Full Name of Father

7. State or Country of Father's Birth

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

10. Present Address of Registrant

11. Signature of Registrant

12. Notary Commission Expires

13. Signature of Notary

AFFIDAVIT

I, [illegible] declare upon oath that the statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

19

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document

Date of Birth Birth Place

Full Name of Father

Date Issued Date Orig. Entry

Type of Document

Date of Birth Birth Place

Full Name of Mother

By whom issued and signed

Date Issued Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

995410-020-797

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-16
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Basil Charles Rinehart			2. Date of Birth (month) (day) (year): Dec. 10, 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Elmore	b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Charles H. Rinehart			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Maggie Pigg			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Basil C Rinehart		11. Present Address of Registrant: Glenns Ferry.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 7 1955	12. Signature of Notary: Mabel Fields		13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Navy	Date Issued: Aug. 12, 1919	Date Orig. Entry
Class* B	Date of Birth: Dec. 10, 1899	Birth Place: Mountain Home, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, #97430	Date Issued: Dec. 22, 1921	Date Orig. Entry
Class B	Date of Birth: 22 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Mrs. Gertrude Matthews	Date Issued: Dec. 27, 1954	Date Orig. Entry
Class B	Date of Birth: Dec. 10, 1899	Birth Place: Mountain Home, Idaho	Full Name of Mother: Maggie A. Rinehart	Name of Father: Charles H. Rinehart
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields	Date Filed: Jan. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

JAN 10 1995

916-11-006-857

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 24 1955
Division of Vital Statistics

State File No. De55-61
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franklin Daniel Rawson			2. Date of Birth (month) Mar. (day) 11 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Coltman
FATHER	6. Full Name of Father: Silas Daniel Rawson			7. State or Country of Father's Birth: Harrisville, Weber Co., Utah
MOTHER	8. Full Maiden Name of Mother: Johanne Marie (Mary) Hegsted			9. State or Country of Mother's Birth: Huntsville, Weber, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franklin D Rawson		11. Present Address of Registrant: 3118 Adams Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 21 19 54	12. Signature of Notary: Ruth L. Nelson		13. Notary Commission expires: Nov. 21 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date issued: Blessed / entered	Date Orig. Entry: June 4, 1899
Class* A	Date of Birth: Mch 11, 1899	Birth Place: Coltman, Idaho	Full Name of Mother: Mary H. Hegsted	Name of Father: Silas D. Rawson
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date issued: Baptized	Date Orig. Entry: July 8, 1907
Class B	Date of Birth: Mch 11, 1899	Birth Place: Grant, Idaho	Full Name of Mother: Mary Hegsted	Name of Father: Silas D. Rawson
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date issued: Ordained	Date Orig. Entry: May 1911
Class B	Date of Birth: Mch 11, 1899	Birth Place: Deacon, Grant, Idaho	Full Name of Mother: Mary Hegsted	Name of Father: Silas D. Rawson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Keen	Jan. 24, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

JAN 25 1955

844-18-029-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO
Division of Vital Statistics

State File No. De55-63
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES THEODORE HUMISTON		2. Date of Birth (month) (day) (year): April 18 1899	
	3. Color or Race: WHITE	4. Sex: Male	5. Place of Birth a. County: VIOLA LATAH	b. City or Town of Birth: IDAHO
FATHER	6. Full Name of Father: George William Humiston		7. State or Country of Father's Birth: OHIO	
MOTHER	8. Full Maiden Name of Mother: Rosa Bianka Allen		9. State or Country of Mother's Birth: California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles T. Humiston	11. Present Address of Registrant: Box 24 Pacific Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 10 1954	12. Signature of Notary: Juanita A. Brown	13. Notary Commission expires: July 23 1956	

APPLICANT DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Roman Catholic Church St. Mary's, Potlatch Idaho	Baptized	Dec. 9, 1933
Class* B	Date of Birth: Apr. 18,	Birth Place: 1899	Full Name of Mother: Rosa Allen	Name of Father: George Humiston
SUPPORTING RECORD 2.	Insurance Policy	Idaho Mutual Benefit Assoc.	10-19-49	
Class B	Date of Birth: Apr. 18,	Birth Place: 1899, Viola, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Census Record	Department of Commerce Bureau of the Census	census of 1920	
Class B	Date of Birth: 20 yrs old	Birth Place: Idaho	Full Name of Mother: Rosie B. and	Name of Father: George W. Humiston
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields	Date Filed: Jan. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 25 1955

814-202-014-667

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 25 1955
Division of Vital Statistics

State File No. De55-194
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hadsall, Ona Carrie		2. Date of Birth (month) (day) (year): Sept. 2 1899	
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Middleton Canyon	b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Hadsall, Perry Dee		7. State or Country of Father's Birth: Belvia Illnois, U S A	
MOTHER	8. Full Maiden Name of Mother: Fox, Murnie Myrtle		9. State or Country of Mother's Birth: Ashland, Nebraska, U S A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ona Carrie Hadsall Foote	11. Present Address of Registrant: Rt 1, Caldwell, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 25 1955	12. Signature of Notary: Irene N. Moberly	13. Notary Commission expires: May 28 1958.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Reocrd	By whom issued and signed: Family Bible	Date Issued: Sept. 2,	Date Orig. Entry: 1899
Class* A	Date of Birth: Sept. 2,	Birth Place: 1899	Full Name of Mother: Murine Myrtle Hadsall	Name of Father: Perry Dee Hadsall
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: School Record of Age	Date Issued: Sept. 1,	Date Orig. Entry: 1905
Class B	Date of Birth: 5 yrs old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Beulah G. Hadsall	Date Issued: Feb. 25,	Date Orig. Entry: 1955
Class B	Date of Birth: Sept. 2,	Birth Place: 1899, Middleton, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields		Date Filed: Feb. 28, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

MAR 1 1995

285-10-003-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 10 1955
Division of Vital Statistics

State File No. De55-219
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Benjamin Shepard			2. Date of Birth (month) (day) (year): February 10, 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Chesterfield	a. County: Bannock; b. City or Town of Birth: Chesterfield, Idaho
FATHER	6. Full Name of Father: John Bunyon Shepard			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Martha Emaline Workman			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Emaline Shepard		11. Present Address of Registrant: 909 North 6th Street Payette, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4 February 1955	12. Signature of Notary: [illegible]		13. Notary Commission expires: 10 March 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: entered	Date Orig. Entry: Apr. 3, 1899
Class* A	Date of Birth: Feb. 10, 1899	Birth Place: Chesterfield, Idaho	Full Name of Mother: Martha E. Workman	Name of Father: John B. Shepard
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics #131918 Boise, Idaho	Date Issued: Mch 29, 1925	Date Orig. Entry:
Class B	Date of Birth: 26 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredn	Mch 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 8 1955

MAR 31 1960

819-224-014-391

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 16 1955
Division of Vital Statistics

State File No. De55-250
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KATIE MARIE HARRIS		2. Date of Birth (month) November (day) 24 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette, Idaho	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Thomas K. Harris		7. State or Country of Father's Birth: Jasper Tennessee USA	
MOTHER	8. Full Maiden Name of Mother: Edith M. Craft		9. State or Country of Mother's Birth: Missouri, UAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katie M. H. Hirsch	11. Present Address of Registrant: 407 WILSHIRE, HERMISTON, OREGON	
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1954	12. Signature of Notary: A. E. Glidewell / Katie M. H. Hirsch	13. Notary Commission expires: _____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Bible viewed by Andrew E. Glidewell, Notary Public	Date Issued: Nov. 24,	Date Orig. Entry: 1899
Class* A	Date of Birth: Nov. 24,	Birth Place: 1899, Payette, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Edna Harris Hobbs	Date Issued: Oct. 28,	Date Orig. Entry: 1954
Class B	Date of Birth: Nov. 24,	Birth Place: 1899, Payette	Full Name of Mother: Edith M. Craft	Name of Father: Thomas K. Harris	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Muriel Fielder	Date Filed: Mch 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

296706-022-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 4 1955
Division of Vital Statistics

State File No. De55-255
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JESS OSCAR BROWNING		2. Date of Birth (month) Sept. (day) 6 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St. Anthony, Fremont, Idaho	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Justus Arthur Browning		7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Jennie Edith Browning		9. State or Country of Mother's Birth: Stolkholm, Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jess Oscar Browning	11. Present Address of Registrant: Route 4, Box 140, Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 27 1955	12. Signature of Notary: Ella O. Fowler	13. Notary Commission expires: Feb. 25 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Jennie Edith Browning Johnson	Date Issued: Jan. 28, 1955	Date Orig. Entry
Class* B	Date of Birth: Sept. 6, 1899	Birth Place: St. Anthony, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Guarantee Mutual Life Company	Date Issued: Mch 4, 1926	Date Orig. Entry
Class B	Date of Birth: Sept. 6, 1899	Birth Place: St. Anthony, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Family Group Record	By whom issued and signed: L. D. S. Church	Date Issued	Date Orig. Entry
Class B	Date of Birth: Sept. 6, 1899	Birth Place: St. Anthony, Idaho	Full Name of Mother: Jennie Johnson	Name of Father: Jess Arthur Browning
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleden	Date Filed: 3-17-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 17 1955

619-220-010-299

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED JAN 18 1955 Division of Vital Statistics

State File No. De55-307
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Montress Farnsworth			2. Date of Birth (month) Sept. (day) 20, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Joseph Farnsworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Betsy Bird			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche M. Nelson		11. Present Address of Registrant: 211 S. 6th St., Coos Bay, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: December 20 1954	12. Signature of Notary: [illegible] for Oregon		13. Notary Commission expires: January 23 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Agnes Betsy Bird Farnsworth	Date Issued:	Date Orig. Entry: Dec. 23, 1954
Class* B	Date of Birth: Sept. 20, 1899	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Agnes Betsy Bird	Name of Father: Joseph Farnsworth
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1900	Date Orig. Entry:
Class B	Date of Birth: Sept 1899 10 months old	Birth Place: Idaho	Full Name of Mother: Agnes Farnsworth	Name of Father: Joseph Farnsworth
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Washington State Dept. of Public Health #413	Date Issued:	Date Orig. Entry: July 4, 1938
Class B	Date of Birth: 38 yrs old	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	Apr. 4, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 4 1955

AUG 12 1974

962-116-001-98

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
APR 7 1955
Division of Vital Statistics

State File No. De55-329
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Ashburn Ross			2. Date of Birth (month) (day) (year): Sept. 16 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Home, Ada	b. City or Town of Birth: Near Boise Idaho.
FATHER	6. Full Name of Father: Willis Ashburn Ross			7. State or Country of Father's Birth: Missouri, Dade County
MOTHER	8. Full Maiden Name of Mother: Mahala Josephine Ray			9. State or Country of Mother's Birth: Oregon,
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence A Ross		11. Present Address of Registrant: Meridian, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1955	12. Signature of Notary: Mabel Fielder		13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Willis A. Ross	Date Issued:	Date Orig. Entry: Sept. 16, 1899
Class* A	Date of Birth: Sept. 16, 1899	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Oregon Life Insurance Co.	Date Issued: Aug. 24, 1929	Date Orig. Entry:
Class B	Date of Birth: Sept. 16, 1899	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Apr. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT	1. Registrant's full name at birth: Lawrence Ashburn Ross
	2. Date of birth: Sept. 10, 1899
	3. Color or Race: White · 4. Sex: Male · 5. Place of birth: Home, Ada (county); Near Boise, Idaho (city or town of birth)
FATHER	6. Full name of Father: William Ashburn Ross
	7. State or Country of Father's birth: Missouri, Dade County
MOTHER	8. Full Maiden Name of Mother: Martha Josephine Rey
	9. State or Country of Mother's birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. · 10. Signature of Registrant · 11. Present address of Registrant: Meridian, Idaho
NOTARY	Subscribed and sworn to before me on · 12. Signature of Notary · 13. Notary commission expires · 195

DO NOT WRITE BELOW THIS LINE — FOR STATE REGISTRAR

	Type of Document	By whom issued and signed	Date issued	Date orig. entry
SUPPORTING RECORD 1	Family Bible Record	Willie A. Ross		Sept. 10, 1899
	Date of birth, birth place	Full name of Mother	Name of Father	
SUPPORTING RECORD 2	Insurance Policy	Oregon Life Insurance Co.		Aug. 1, 192
	Sept. 10, 1899, Boise, Idaho	Full name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date issued	Date orig. entry
	Date of birth, birth place	Full name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar · Evidence reviewed by · Date filed: Sept. 1, 195

884-109-004-380

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-354
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel Leo Hymas		2. Date of Birth (month) May (day) 9 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Liberty
FATHER	6. Full Name of Father: Alfred Cyrus Hymas		7. State or Country of Father's Birth: Bear Lake Co. Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Lyon		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel L. Hymas	11. Present Address of Registrant: Smithfield, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: April 8 1955	12. Signature of Notary: Irma Adams	13. Notary Commission expires: December 18 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: July 13, 1907
Class* B	Date of Birth: May 9, 1899	Birth Place: Liberty, Idaho	Full Name of Mother: Mary A. Lyon	Name of Father: Alfred C. Hymas
SUPPORTING RECORD 2.	Type of Document: Application for marriage License	By whom issued and signed: State of Utah County of Cache	Date Issued: Sept. 18,	Date Orig. Entry: 1923
Class B	Date of Birth: May 9, 1899	Birth Place: Liberty, Idaho	Full Name of Mother: Mary Lyon	Name of Father: Alfred Hymas
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary A. Lyon Hymas	Date Issued: Mch 25,	Date Orig. Entry: 1955
Class B	Date of Birth: May 9, 1899	Birth Place: Liberty, Idaho	Full Name of Mother: Mary A. Lyon Hymas	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Apr. 13, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 00067

APR 13 1959

864-112-021-491

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 20 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-381
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Lorenzo Young			2. Date of Birth (month) August (day) 12, (year) 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Ernest Young			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Cornealia Draper			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Lorenzo Young		11. Present Address of Registrant: 244 Locust St.
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1955	12. Signature of Notary: Jay M. McDowell		13. Notary Commission expires: June 10 1955

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: June 3, 1910
Class* B	Date of Birth: Aug. 12,	Birth Place: 1899, Preston, Idaho	Full Name of Mother: Mary C. Draper	Name of Father: Ernest Young
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Confirmed	Date Orig. Entry: June 5, 1910
Class B	Date of Birth: Aug. 12,	Birth Place: 1899, Preston, Idaho	Full Name of Mother: Mary C. Draper	Name of Father: Ernest Young
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Peoria Life Insurance Company	Date Issued: Feb. 5,	Date Orig. Entry: 1926
Class B	Date of Birth: Aug. 12,	Birth Place: 1899, Preston, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Felder	Date Filed: Apr. 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 21 1955

APR 17 1974

796-111-030-492

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 20 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-384
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MICHEAL OLIVER PROULX			2. Date of Birth (month) MAY (day) 11 (year) 1899	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: HOME a. County: LEMHI	b. City or Town of Birth: GIBBONSVILLE - Idaho.	
FATHER	6. Full Name of Father: MICHEAL PROULX			7. State or Country of Father's Birth: PROV. QUEBEC CANADA.	
MOTHER	8. Full Maiden Name of Mother: MINNIE AMELIA DISHMO			9. State or Country of Mother's Birth: MICHIGAN. U.S. States.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Micheal Oliver Proulx	11. Present Address of Registrant: Leadore Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 - 1956		12. Signature of Notary: May V. Stone	13. Notary Commission expires: apr 23 - 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Enlistment Record	By whom issued and signed: United States Navy	Date Issued: Feb. 15,	Date Orig. Entry: 1919
Class* B	Date of Birth: May 11, 1899	Birth Place: Gibbonsville, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by May V. Stone, Notary Public	Date Issued:	Date Orig. Entry: May 11, 1899
Class B	Date of Birth: May 11, 1899	Birth Place: Gibbonsville, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Hattie Grooms, resident of Gibbonsville, Ida.	By whom issued and signed:	Date Issued:	Date Orig. Entry: not dated
Class B	Date of Birth: May 11, 1899	Birth Place: Gibbonsville, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Apr. 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 21 1955

MAY 4 1960

599-137-025-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 21 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-391
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Leonard Erickson		2. Date of Birth (month) July (day) 27 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Genessee, Idaho
FATHER	6. Full Name of Father: Lars Erickson		7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Anna Caroline Swenson Alvin Leonard Erickson		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Route 1, Kennewick, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on April 14 1955	12. Signature of Notary: Floyce Paulson	13. Notary Commission expires: Aug. 29 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Kennewick Public Schools	Date Issued: May 20,	Date Orig. Entry: 1952
Class* B	Date of Birth: July 27, 1899	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Loyal Protective Life Insurance Co.	Date Issued: 3-14-55	Date Orig. Entry: Aug. 16, 1947
Class B	Date of Birth: July 27,	Birth Place: 1899, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: C. I. Erickson	Date Issued: 3-12-55	Date Orig. Entry
Class B	Date of Birth: July 27,	Birth Place: 1899, Genessee, Idaho	Full Name of Mother: Anna Caroline Swenson	Name of Father: Lars Erickson
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Feeder	Date Filed: Apr. 21, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 22 1959

253-2/2-029-225

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 24 1955
Division of Vital Statistics

State File No. De55-408
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL ELZIA BELLOMY		2. Date of Birth (month) November (day) 12 (year) 1899
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Troy Idaho
FATHER	6. Full Name of Father: ROBERT HARRISON BELLOMY		7. State or Country of Father's Birth: WEST VIRGINIA - U.S.A.
MOTHER	8. Full Maiden Name of Mother: CAROLINE SUSAN SKEEN		9. State or Country of Mother's Birth: WEST VIRGINIA - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Elzia Bellomy	11. Present Address of Registrant: 3304 Lamona Ave. Fresno 3, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on February 21, 19 55	12. Signature of Notary: Vionee Garner	13. Notary Commission expires October 6 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: National Life & Accident Insurance Co.	Date Issued: Nov. 3,	Date Orig. Entry: 1951
Class* B	Date of Birth: Nov. 12, 1899	Birth Place: Troy, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Robert Harrison and Caroline Susan Bellomy	Date Issued: Feb. 21,	Date Orig. Entry: 1955
Class B	Date of Birth: Nov. 12, 1899	Birth Place: Troy, Idaho	Full Name of Mother: Caroline Susan Skeen	Name of Father: Robert Harrison Bellomy
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of	Date Orig. Entry: 1900
Class B	Date of Birth: Nov. 1899 7 months old	Birth Place: Idaho	Full Name of Mother: Carry S. and	Name of Father: Robert H. Bellomy
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeger	Date Filed: Apr. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 26 1955

381-201-036-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 21 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da55-426
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth VILATE HALE THATCHER			2. Date of Birth (month) (day) (year) May 1, 1899
	3. Color or Race white	4. Sex F.	5. Place of Birth a. County Idaho Oneida	b. City or Town of Birth Preston
FATHER	6. Full Name of Father Milton Herbert Thatcher			7. State or Country of Father's Birth Idaho
MOTHER	8. Full Maiden Name of Mother Hattie Vilate Hale			9. State or Country of Mother's Birth Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Vilate Hale Thatcher		11. Present Address of Registrant Fairfield, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on April 4 19 55	12. Signature of Notary [illegible]		13. Notary Commission expires 9-4-56 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by mother	By whom issued and signed Hattie Hale Thatcher	Date Issued Apr. 13,	Date Orig. Entry 1955
Class* B	Date of Birth May 1, 1899,	Birth Place Preston, Idaho	Full Name of Mother Hattie Hale Thatcher	Name of Father
SUPPORTING RECORD 2.	Type of Document Certificate of Baptism	By whom issued and signed L. D. S. Church	Date Issued Baptized	Date Orig. Entry May 1, 1908
Class B	Date of Birth May 1, 1899,	Birth Place Preston, Idaho	Full Name of Mother Hattie Hale	Name of Father Milton H. Thatcher
SUPPORTING RECORD 3.	Type of Document Insurance Policy	By whom issued and signed Beneficial Protective Association	Date Issued Oct. 7, 1935	Date Orig. Entry
Class B	Date of Birth May 1, 1899,	Birth Place Preston, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by [illegible]	Date Filed Apr. 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

954-11-030-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 16 1955
Division of Vital Statistics

State File No. De55-471
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Arthur Reddington		2. Date Of Birth (month) May (day) 11 (year) 1899	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Junction Lemhi	b. City or Town of Birth: Junction, Idaho
FATHER	6. Full Name of Father: John Burns Reddington		7. State or Country of Father's Birth: Kansas City, Missouri	
MOTHER	8. Full Maiden Name of Mother: Cora Ellen Shelley		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Arthur Reddington	11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on May 11 19 55	12. Signature of Notary: Charles Henderson	13. Notary Commission expires: February 14 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Life Benefit	Date Issued: Aug. 28,	Date Orig. Entry: 1946
Class* B	Date of Birth: 47 yrs old / Birth Place:	Full Name of Mother: Assoc.	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Census	By whom issued and signed: Lemhi County	Date Issued: Census of	Date Orig. Entry: 1910
Class B	Date of Birth: May 11, 1899, / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Reddington	Date Issued: Jan. 17,	Date Orig. Entry: 1955
Class B	Date of Birth: May 11, 1899, / Birth Place: Junction, Idaho	Full Name of Mother: Cora Reddington	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Geldon	May 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PPH #0063

MAY 17 1955

253-213-002-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 20 1955
Division of Vital Statistics

State File No. De55-494
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys M. Bechtel		2. Date Of Birth (month) (day) (year): September 13 1899	
	3. Color or Race: white	4. Sex	5. Place of Birth a. County: Evergreen	b. City or Town of Birth: Evergreen Idaho
FATHER	6. Full Name of Father: William Morgan Bechtel		7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Ethel Queener		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys M. Bechtel	11. Present Address of Registrant: Lakeside, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 1955	12. Signature of Notary: Frances McLeod	13. Notary Commission expires: July 7, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: State of Washington	Date Issued:	Date Orig. Entry: June 8, 1926
Class* B	Date of Birth: 26 yrs old	Birth Place: Idaho	Full Name of Mother: Everett, Wn.	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: General Hospital of Everett	Date Issued: Jan. 4, 1930	Date Orig. Entry:
Class B	Date of Birth: 30 yrs old	Birth Place: Nez Perce, Idaho	Full Name of Mother: Everett, Wn.	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Lester F. Queener	Date Issued: May 13, 1955	Date Orig. Entry:
Class B	Date of Birth: Sept. 13,	Birth Place: 1899, Evergreen, Idaho	Full Name of Mother: Ethel Queener	Name of Father: Wm. Morgan Bechtel
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: May 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

MAY 20 1955

563-207-023-995

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-506
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Maurine Noland			2. Date of Birth (month) (day) (year): april 7 1899
	3. Color or Race: white	4. Sex: fem.	5. Place of Birth a. County: Sweet, Idaho. Gem	b. City or Town of Birth: Sweet
FATHER	6. Full Name of Father: Frank A. Noland			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ada Gertrude Ireton			9. State or Country of Mother's Birth: Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel M. Patter		11. Present Address of Registrant: Eagle, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1955	12. Signature of Notary: Mabel F. Eldn		13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Mother-Ada Gertrude Ireton	Date Issued:	Date Orig. Entry: Apr. 7, 1899
Class* A	Date of Birth: Apr. 7, 1899 / Birth Place:	Full Name of Mother: Ada Gertrude Ireton	Name of Father: Frank A. Noland	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Div. of Vital Statistics Boise, Idaho	Date Issued: born	Date Orig. Entry: 11-18-1927
Class B	Date of Birth: 28 yrs. old. / Birth Place: Sweet, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joanne Hallstrom	Date Filed: 5/25/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 25 1965

795-230-045-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 2 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-539
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reata Elizabeth Green			2. Date of Birth (month) (day) (year): June 30, 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Chesterfield Idaho	b. City or Town of Birth: Chesterfield Idaho
FATHER	6. Full Name of Father: Frederick William Green			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elmeda Jane Hoffine			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reata Elizabeth Green		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1955	12. Signature of Notary: Donald L. Conway		13. Notary Commission expires: Aug 8 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: 3/10/42	Date Orig. Entry: Baptized on ~~Nov. 30, 1907~~
Class* B	Date of Birth: June 30, 1899 / Birth Place: Chesterfield, Ida.	Full Name of Mother: Elmeda Jane Hoffine	Name of Father: Fredrick W. Green	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Susan Hoffine Hall	Date Issued: Feb. 25, 1955	Date Orig. Entry
Class B	Date of Birth: June 30, 1899 / Birth Place: Chesterfield	Full Name of Mother: Elmeda Jane Hoffine	Name of Father: Fredrick W. Green	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: May 19, 1942	Date Orig. Entry
Class B	Date of Birth: June 30, 1899, / Birth Place: Chesterfield,	Full Name of Mother: Idaho	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: eh Mabel Fleder	Date Filed: June 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

STATE OF IDAHO

595-223-036-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 6 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-544
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Johanna Viehweg		2. Date of Birth (month) Nov. (day) 23, (year) 1899	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Oneida	b. City or Town of Birth: Clifton
FATHER	6. Full Name of Father: Carl U. Viegweg		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Anna Christina Peterson		9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Johanna Viehweg (Wood)	11. Present Address of Registrant: Clifton, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on June second, 19 55.	12. Signature of Notary: T. M. Goodell	13. Notary Commission expires Nov. 29, 19 58.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued: Baptized	Date Orig. Entry: Feb. 29, 1908
Class* B	Date of Birth: Nov. 23,	Birth Place: 1899, Clifton,	Full Name of Mother: Idaho Christina Peterson	Name of Father: Carl Viehweg
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #68978	Date issued:	Date Orig. Entry: May 9, 1919
Class B	Date of Birth: 18 yrs	Birth Place: old Clifton, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Annie C. Petersen Viegweg	Date issued:	Date Orig. Entry: June 2, 1955
Class B	Date of Birth: Nov. 23,	Birth Place: 1899, Clifton,	Full Name of Mother: Idaho Anna C. Peterson	Name of Father: Carl U. Viegweg
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Mabel Fields	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 7 1988

731-220-004-915

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 13 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 573
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maurine Clark		2. Date of Birth (month) Jan. (day) 20 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Georgetown
FATHER	6. Full Name of Father: Edward Barrett Clark		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Alice Randall		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maurine Clark by her Maurine C. Widerg	11. Present Address of Registrant: 289 S. 1900 W. Roy, Ut.	
NOTARY (Seal)	Subscribed and sworn to before me on June 9 1955	12. Signature of Notary: Robert C. Coleman	13. Notary Commission expires: My Commission Expires Nov. 19 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 6/7/55	Date Orig. Entry: Blessed on May 5, 1899
Class* A	Date of Birth: Jan. 20, 1899	Birth Place: Georgetown, Ida.	Full Name of Mother: Alice Randall	Name of Father: Edward Clark
SUPPORTING RECORD 2.	Type of Document: Insurance record, 5 119 503 C	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 2/3/55	Date Orig. Entry: Mar. 5, 1928
Class B	Date of Birth: Jan. 20. 1899	Birth Place: Georgetown, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: Edward B. Clark	Date Issued: May 21,	Date Orig. Entry: 1955
Class B.	Date of Birth: Jan. 20, 1899	Birth Place: Georgetown, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 13, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

349-204-001-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 601
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE HELEN CURTIS		2. Date Of Birth (month) 4 (day) 4 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Frank Curtis		7. State or Country of Father's Birth: Parish of Studland England Dorsit Co.	
MOTHER	8. Full Maiden Name of Mother: Alice May Marks		9. State or Country of Mother's Birth: Wimbourne England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Helen Friedly	11. Present Address of Registrant: 5805 Fairview Ave. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1955	12. Signature of Notary: Stacy Nielsen	13. Notary Commission expires: Dec 16-1956 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Sun Life Assurance Co. of Canada	Date Issued: June 18,	Date Orig. Entry: 1935
Class* B	Date of Birth: 4-4-1899	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: #189932 Child's Birth Certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho	Date Issued:	Date Orig. Entry: Mar. 11, 1931
Class B	Date of Birth: 31 yrs. old.	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin	By whom issued and signed: George H. Curtis	Date Issued: June 22, 1955	Date Orig. Entry:
Class B	Date of Birth: Apr. 4, 1899	Birth Place: Boise, Idaho	Full Name of Mother: Alice May Marks	Name of Father: Frank Curtis
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: jh Joanne Hallstrom		Date Filed: 6/22/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 23 1955

A F F I D A V I T

STATE OF IDAHO)
) ss
County of Ada)

GEORGE H. CURTIS of 1411 Hays Street, Boise, Idaho, being first duly sworn, says:

That I am seventy years of age and a first cousin of Grace Helen Friedly, formerly Grace Helen Curtis, who resides at Boise, Idaho, and is fifty-six years of age. That I have known Grace Helen Curtis since the time of her birth near Boise, Idaho, on April 4, 1899. I was then fourteen years of age.

That my father and her father were brothers, and her parents and my parents, at the time of her birth, lived near Boise, in Ada County, Idaho, on adjoining tracts ~~of land~~. Her father's name was Frank Curtis, and her mother's maiden name was Alice May Marks; both were citizens of United States of America, and then residents of the state of Idaho.

Further affiant sayeth not.

Geo. H. Curtis

Subscribed and sworn to before me this 22nd day of June, 1955.

Notary Public for State of Idaho,
Residing at Boise, Idaho.

JUN 23 1955

A F F I D A V I T

STATE OF IDAHO)
) ss
County of Ada)

GEORGE H. CURTIS of 1411 Hays Street, Boise, Idaho, being first duly sworn, says:

That I am seventy years of age and a first cousin of Grace Helen Friedly, formerly Grace Helen Curtis, who resides at Boise, Idaho, and is fifty-six years of age. That I have known Grace Helen Curtis since the time of her birth near Boise, Idaho, on April 4, 1899. I was then fourteen years of age.

That my father and her father were brothers, and her parents and my parents, at the time of her birth, lived near Boise, in Ada County, Idaho, on adjoining farms. Her father's name was Frank Curtis, and her mother's maiden name was Alice May Marks; both were citizens of United States of America, and then residents of the state of Idaho.

Further affiant saveth not.

Subscribed and sworn to before me this 22nd day of June, 1955.

Notary Public for State of Idaho,
Residing at Boise, Idaho.

683-227-035-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 5 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-639
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: J. Maud Oylear		2. Date of Birth (month) July (day) 27 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Leland
FATHER	6. Full Name of Father: John M. Oylear		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Sarah V. Welker		9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maud Oylear Pabst	11. Present Address of Registrant: Box 34, Silverton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 1 1955	12. Signature of Notary: T K Bailey	13. Notary Commission expires June 1 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: census record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 5-6-55	Date Orig. Entry: Census of 1900, June 1
Class* A	Date of Birth: 11 months old July 1899	Birth Place: Idaho	Full Name of Mother: Sarrah V. Oylear	Name of Father: John M. Oylear
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt	By whom issued and signed: Elma Buckles	Date Issued: 6-22-55	Date Orig. Entry:
Class B	Date of Birth: July 27, 1899	Birth Place: Leland, Idaho - Nez Perce County	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: July 6, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

339-219-004-867

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 8 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-742
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MATTIE RUTH CLIFTON		2. Date of Birth (month) (day) (year): November 19 1899
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: near Paris, b. City or Town of Birth: Idaho, U. S. A.
FATHER	6. Full Name of Father: John Henry Clifton		7. State or Country of Father's Birth: Idaho, U. S. A.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Hogg		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mattie Ruth Clifton	11. Present Address of Registrant: Claresholm, Alberta, Can.
NOTARY (Seal)	Subscribed and sworn to before me on 6th August 1955	12. Signature of Notary: C V Bennett	13. Notary Commission Expires: is at the will of the Lieutenant Governor of Alberta. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: family Bible viewed by C.V. Bennett, Notary Public, Canada	Date Issued: 11-3-54	Date Orig. Entry:
Class* A	Date of Birth: November 19, 1899	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle		By whom issued and signed: Joseph G. Hogg	Date Issued: 7-16-55	Date Orig. Entry:
Class B	Date of Birth: November 19, 1899	Birth Place: Paris, Idaho	Full Name of Mother: Elizabeth Jane Hogg	Name of Father: John Henry Clifton	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION:

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. D. Benson	Betty Waller	August 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 12 1957

652-118-035-634

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 23 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-778
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROY WALTER WESSELS			2. Date of Birth (month) MAY (day) 18th (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Nez Perce, now Latah	b. City or Town of Birth: Cameron
FATHER	6. Full Name of Father: Henry Ernest Wessels			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Bertha Oldag			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy Walter Wessels		11. Present Address of Registrant: WEST GLACIER MONTANA
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1955	12. Signature of Notary: Violet Harrington		13. Notary Commission expires: May 3d 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Henry Ernest Wessels	Date Issued: 8-1-55	Date Orig. Entry:
Class* B	Date of Birth: May 18, 1899 / Birth Place: Cameron, Idaho Latah County	Full Name of Mother: Bertha Oldag	Name of Father: Henry Ernest Wessels	
SUPPORTING RECORD 2.	Type of Document: affidavit re voting registration	By whom issued and signed: STATE OF MONTANA County of Flathead	Date Issued: 8-18-55	Date Orig. Entry:
Class B	Date of Birth: 48 years old / Birth Place: Cameron, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: insurance application	By whom issued and signed: UNITED BENEFIT LIFE INSURANCE CO. Omaha	Date Issued:	Date Orig. Entry: 10-1-43
Class B	Date of Birth: May 18, 1899 / Birth Place: Cameron, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar:	Evidence reviewed by: Betty Waller		Date Filed: Aug. 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 23 1955

AUG 24 1955

618-224-028-114 RECEIVED AUG 20 Division

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-795
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Waylett Frances Elizabeth		2. Date of Birth (month) (day) (year): Feb. 24, 1899
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Coeur de Lane; b. City or Town of Birth: Gem, Idaho
FATHER	6. Full Name of Father: Waylett, Stanley William		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jameson Frances J.		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances E. Mauch	11. Present Address of Registrant: Eddyville, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: August 26, 1955	12. Signature of Notary: Harry J. Fagestee	13. Notary Commission expires: April 18, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by parents	By whom issued and signed: Stanley W. Waylett, Frances J. Waylett	Date Issued: 10-6-54	Date Orig. Entry:
Class* B	Date of Birth: February 24, 1899 / Birth Place: Gem, Idaho	Full Name of Mother: Frances J. Waylett	Name of Father: Stanley W. Waylett	
SUPPORTING RECORD 2.	Type of Document: letter re insurance application	By whom issued and signed: #11995 AMERICAN MUTUAL LIFE INSURANCE co. Des Moines, Iowa	Date Issued: 9-21-54	Date Orig. Entry: April 22, 1922
Class B	Date of Birth: February 24, 1899 / Birth Place: Gem, Idaho	Full Name of Mother: Frances J. Waylett	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: school census record	By whom issued and signed: STATE OF MONTANA County of Ravalli	Date Issued: 9-27-54	Date Orig. Entry:
Class B	Date of Birth: February 24, 1899 / Birth Place:	Full Name of Mother: Frances J. Waylett	Name of Father: Stanley W. Waylett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. I. Benson	Evidence reviewed by: Betty Waller	Date Filed: Aug. 30, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 7 1955

REGISTRANT

Date filed

Local reg. No.

Reg. district No.

Birth No.

1. Name of registrant at time of birth

2. Sex

3. Color or Race

4. Date of birth

5. Place of birth

6. County or town of birth

FATHER

7. Full name of father

8. State or Country of Father's birth

MOTHER

9. Full Maiden name of Mother

10. State or Country of Mother's birth

I, the undersigned, being duly sworn upon oath, that the statements are true to the best of my knowledge and belief.

11. Present Address of Registrant

12. Signature of Registrant

Subscribed and sworn to before me

13. Signature of Notary

14. Notary Commission expires

19 ____

DO NOT WRITE BELOW THIS LINE

Type of Document

Date issued

Date Orig. Entry

Affidavit by parents

10-9-54

Birth place

Full name of Registrant

Name of Father

Stanley W. Bayliff

Frances J. Bayliff

Class B

Type of Document

Date issued

Date Orig. Entry

Insurance application

Birth place

Full name of Mother

Name of Father

Gem, Idaho

Frances J. Bayliff

Class B

Type of Document

Date issued

Date Orig. Entry

School census record

Birth place

Full name of Mother

Name of Father

Frances J. Bayliff

Stanley W. Bayliff

Class B

Certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing record.

Signature of Registrar

Evidence reviewed by

Date filed

Aug. 30, 1955

Notary Public

Registrar

Registrants born prior to 1907 are not required to register.

866-125-036-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 6 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De55-832~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Lester Howell			2. Date of Birth (month) (day) (year): December 25, 1899
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Woodruff, Oneida County	b. City or Town of Birth: Woodruff, Idaho.
FATHER	6. Full Name of Father: Lee Roy Howell			7. State or Country of Father's Birth: Portage, Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Sarah John			9. State or Country of Mother's Birth: Portage, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry Lester Howell		11. Present Address of Registrant: RFD#1, Pingree, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 1 September 19 55.	12. Signature of Notary: [illegible]		13. Notary Commission expires 1 October 19 56.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: baptized Oct. 12, 1908
Class* B	Date of Birth: December 25, 1899 / Birth Place: Oneida County Woodruff, Idaho	Full Name of Mother: H. Sarah John	Name of Father: Leroy Howell	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: ordained Dec. 31, 1923
Class B	Date of Birth: December 25, 1899 / Birth Place:	Full Name of Mother: Hannan Sarah John	Name of Father: Leroy Howell	
SUPPORTING RECORD 3.	Type of Document: child's birth certificate	By whom issued and signed: STATE OF IDAHO #303478	Date Issued:	Date Orig. Entry: child born Nov. 6, 1940
Class B	Date of Birth: 40 years old / Birth Place: Woodruff, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	insuran ce policy - AMERICAN HOME BENEFIT ASSOCIATION, INC. Boise dated June 1, 1939 - date of birth given as December 25, 1899			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller		Date Filed: Sept. 13, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 13 1966

253-211-001-439

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-856
Local Reg. No.
Reg. Dist. No.

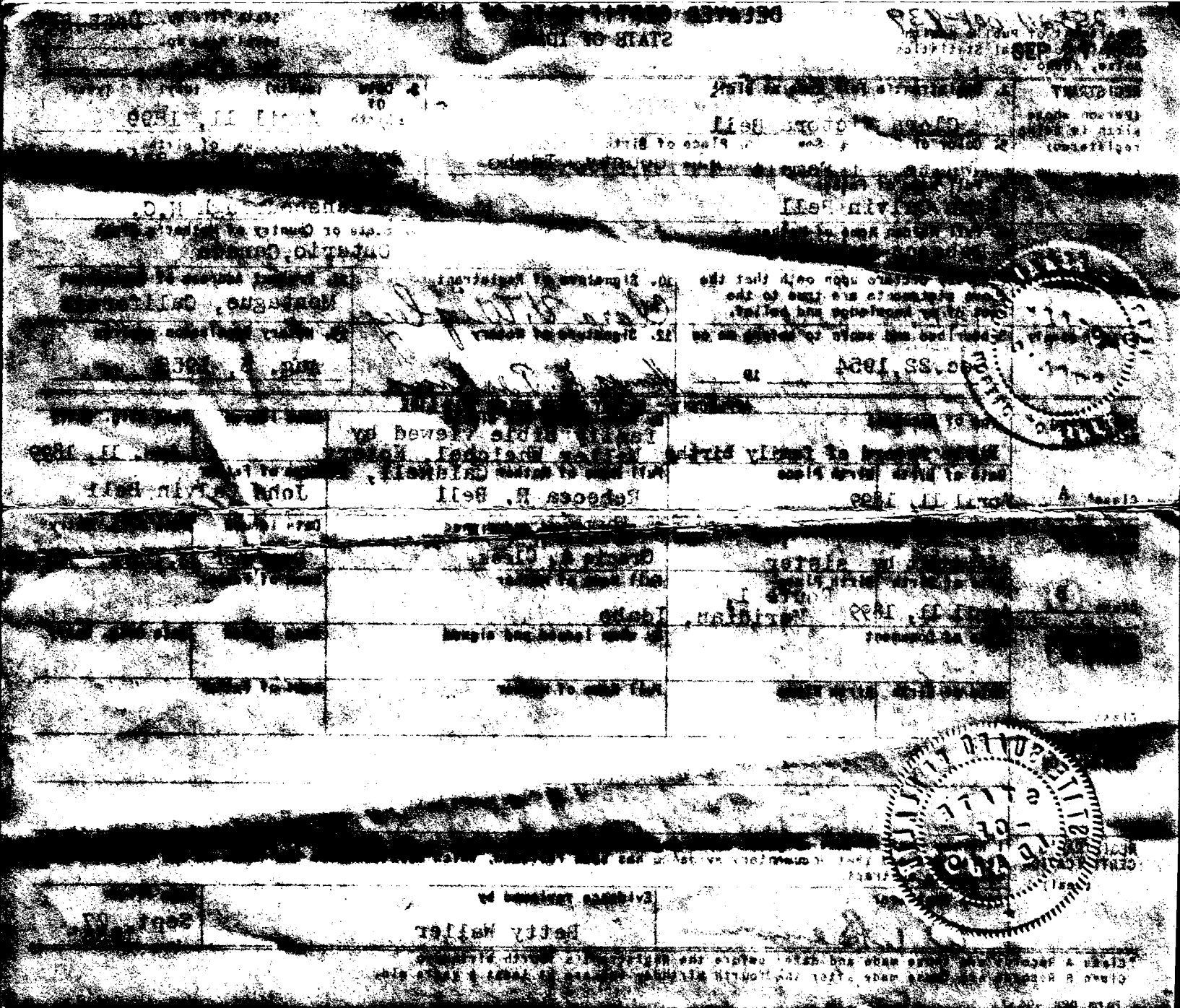
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Victora Bell		2. Date of Birth (month) (day) (year): April 11, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada County, Idaho; b. City or Town of Birth: Born on ranch in said County & Meridian Idaho
FATHER	6. Full Name of Father: John Calvin Bell		7. State or Country of Father's Birth: Greensbourough N.C.
MOTHER	8. Full Maiden Name of Mother: Rebecca McIntyre		9. State or Country of Mother's Birth: Ontario, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara V. Wigley	11. Present Address of Registrant: Montague, California
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 22, 1954 19	12. Signature of Notary: Henry E. Perkins	13. Notary Commission expires: Aug. 3, 1958 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record of family births	By whom issued and signed: family Bible viewed by Walter Whelchel, Notary	Date Issued:	Date Orig. Entry: Apr. 11, 1899
Class* A	Date of Birth: April 11, 1899 / Birth Place:	Full Name of Mother: Caldwell, Id Rebecca R. Bell	Name of Father: John Calvin Bell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Gracie A. Cleek	Date Issued: December 22, 1954	Date Orig. Entry:
Class B	Date of Birth: April 11, 1899 / Birth Place: Route 1, Meridian, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Beam	Evidence reviewed by: Betty Waller		Date Filed: Sept. 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



213-206008-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-916
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lratia Dean Bacon			2. Date of Birth (month) (day) (year): October 6 1899
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fern Idaho Boise	b. City or Town of Birth: Fern
FATHER	6. Full Name of Father: William Andrew Bacon			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Sarah Margaret Bacon			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lratia Matthews		11. Present Address of Registrant: Box 134, Notus, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 15 1955	12. Signature of Notary: Keith Belmore		13. Notary Commission expires: April 1 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement re hospitalization record	By whom issued and signed: ST. VINCENT'S HOSPITAL Portland 10, Oregon	Date Issued:	Date Orig. Entry: September 24, 1923
Class* B	Date of Birth: 23 years old October 6 / Birth Place: Idaho	Full Name of Mother: S. M. Jarvis	Name of Father: W. A. Bacon	
SUPPORTING RECORD 2.	Type of Document: letter re lodge record	By whom issued and signed: Gem of the Mountains Rebekan Lodge No. 5 Caldwell	Date Issued: 10-1-55	Date Orig. Entry: May 3, 1921
Class B	Date of Birth: 21 years old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affidavit by midwife	By whom issued and signed: Mary Cantrall	Date Issued: 7-6-55	Date Orig. Entry:
Class A	Date of Birth: October 6, 1899 / Birth Place: Fern, Idaho	Full Name of Mother: Sarah Jarvis Bacon	Name of Father: William Andrew Bacon	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Waller		Date Filed: October 18, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 20 1955

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Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-919
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gersham Rudolph Thomas		2. Date of Birth (month) (day) (year): October 18, 1899
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Malad City, Oneida; b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: Emmett H. Thomas		7. State or Country of Father's Birth: Trade, Tenn.
MOTHER	8. Full Maiden Name of Mother: Martha Jones		9. State or Country of Mother's Birth: Malad, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gersham Rudolph Thomas	11. Present Address of Registrant: 415 No. 7th Avenue Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 25 19 55	12. Signature of Notary: Reeta M. Thomas	13. Notary Commission expires: May 22 19 57

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Masonic Bible	By whom issued and signed: viewed by this office	Date Issued:	Date Orig. Entry: April 6, 1948
Class* B	Date of Birth: October 18 1899; Birth Place: Malad, Idaho	Full Name of Mother: Martha Jones	Name of Father: Emmett H. Thomas	
SUPPORTING RECORD 2.	Type of Document: marriage license	By whom issued and signed: STATE OF MONTANA County of Beaverhead	Date Issued:	Date Orig. Entry: May 31 1947
Class B	Date of Birth: 47 years old; Birth Place: Malad, Idaho	Full Name of Mother: Martha Jones	Name of Father: Emmett H. Thomas	
SUPPORTING RECORD 3.	Type of Document: military record	By whom issued and signed: U. S. Army	Date Issued:	Date Orig. Entry: discharged June 27, 1945
Class B	Date of Birth: October 18 1899; Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	October 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

667-115-033-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 7 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-922
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Spencer Fogg		2. Date of Birth (month) March (day) 15 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rexburg Ida	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: William Fogg		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Josephine Ricks		9. State or Country of Mother's Birth: ~~Idaho~~ Logan Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm Spencer Fogg	11. Present Address of Registrant: 1326 E. Clark Pocatello ~~206 North Twelfth~~ Ida	
NOTARY (Seal)	Subscribed and sworn to before me on March 19 55	12. Signature of Notary: F E. Tydeman	13. Notary Commission expires February 16 19 56	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Josephine Fogg	Date Issued: 9-23-55	Date Orig. Entry:
Class* B	Date of Birth: March 15, 1899 / Birth Place: Rexburg, Idaho	Full Name of Mother: Josephine Fogg	Name of Father: William Fogg	
SUPPORTING RECORD 2.	Type of Document: son's birth certificate	By whom issued and signed: STATE OF IDAHO #104969	Date Issued:	Date Orig. Entry: child born September 4, 1922
Class B	Date of Birth: 23 years old / Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: insurance application	By whom issued and signed: IDAHO MUTUAL BENEFIT ASSOCIATION, Boise	Date Issued:	Date Orig. Entry: May 9, 1944
Class B	Date of Birth: March 15, 1899 / Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: bw Betty Waller	Date Filed: October 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 21 1955

OCT 24 1955

869-225-96-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 15 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-923
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Horn			2. Date of Birth (month) Oct (day) 25 (year) 1899
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Sublette Cassia	b. City or Town of Birth
FATHER	6. Full Name of Father: Daniel Horn			7. State or Country of Father's Birth: Mill Creek Utah
MOTHER	8. Full Maiden Name of Mother: Persis Chambers			9. State or Country of Mother's Birth: Spanish Fork Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Horn		11. Present Address of Registrant: 1234 ALMO AVE., BURLEY, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: June 13 19 55	12. Signature of Notary: B. G. Hutchinson		13. Notary Commission expires: Notary Public, Residing at Burley, Idaho My Commission Expires Nov. 10, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: census record		By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 10-5-55	Date Orig. Entry: Census of 1900, June 1
Class* A	Date of Birth: eight months of age	Birth Place: October, 1899 Idaho	Full Name of Mother: Persis Horn	Name of Father: Daniel Horn	
SUPPORTING RECORD 2.	Type of Document: family record book		By whom issued and signed: viewed by B. G. Hutchinson Notary Public, Burley	Date Issued: 6-20-55	Date Orig. Entry: near time of birth
Class B	Date of Birth: October 25, 1899	Birth Place: Sublett, Idaho	Full Name of Mother: Persis M. Chambers	Name of Father: Daniel Horn	
SUPPORTING RECORD 3.	Type of Document: church record		By whom issued and signed: Christian J. Nelson	Date Issued: 6-20-55	Date Orig. Entry: blessed December 3, 1899
Class B	Date of Birth: October 25, 1899	Birth Place: Sublett, Idaho	Full Name of Mother: Persis M. Chambers	Name of Father: Daniel Horn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: October 21, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

613-218-038-714

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-925
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IVA ANN WALKER		2. Date of Birth (month) October (day) 18 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: John W. Walker		7. State or Country of Father's Birth: Shoals, Indiana	
MOTHER	8. Full Maiden Name of Mother: Kathleen Gambil		9. State or Country of Mother's Birth: Eugene, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iva Ann Walker Grimm	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: October 24 1955	12. Signature of Notary: Margaret Lawrence	13. Notary Commission expires: 2/4 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: ST. Mary's Church Boise, Idaho	Date Issued: 6-21-54	Date Orig. Entry: baptized December 18, 1952
Class* B	Date of Birth: October 18, 1899 / Birth Place: Payette, Idaho	Full Name of Mother: Kathleen Gambil	Name of Father: John Walker	
SUPPORTING RECORD 2.	Type of Document: hospitalization record	By whom issued and signed: MERCY HOSPITAL Nampa, Idaho	Date Issued: 6-18-54	Date Orig. Entry: March 27, 1929
Class B	Date of Birth: 29 years old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: census record	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 7-31-55	Date Orig. Entry: Census of 1910, April 15
Class B	Date of Birth: 10 years old / Birth Place: Idaho	Full Name of Mother: Katie Walker	Name of Father: John W. Walker	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Simmons	Evidence reviewed by: bw Betty Waller	Date Filed: October 24, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 16 1997

MAR

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Registrant's full name at birth: [illegible]

2. Date of birth: October 15 1940

3. Sex: [illegible]

4. Place of birth: [illegible]

5. City or town of birth: Lafayette

6. County of birth: [illegible]

7. State or country of birth: Idaho

MOTHER

8. Full maiden name of mother: [illegible]

9. City or town of mother's birth: Pocatello, Idaho

10. State or country of mother's birth: Oregon, Idaho

AFFIDAVIT

I hereby certify that the above statements are true to the best of my knowledge and belief.

[illegible]

11. Signature of Registrant

12. Present address of Registrant

13. Date signed and sworn to before me

14. Signature of Notary

15. Notary Commission expires

SUPPORTING EVIDENCE

Type of Document: Church Record

Date of Birth: [illegible]

Place of Birth: [illegible]

Full name of Mother: [illegible]

Date signed: 7-22-54

Name of Father: John Walker

SUPPORTING EVIDENCE

Type of Document: Hospitalization Record

Date of Birth: [illegible]

Place of Birth: [illegible]

Full name of Mother: [illegible]

Date signed: 5-18-54

Name of Father: [illegible]

SUPPORTING EVIDENCE

Type of Document: [illegible]

Date of Birth: [illegible]

Place of Birth: [illegible]

Full name of Mother: [illegible]

Date signed: 7-1-54

Name of Father: [illegible]

CERTIFICATION

Registrar's CERTIFICATION

I hereby certify that my prior birth certificate has been lost or destroyed and that documentary evidence which substantiates the facts as set forth in the original abstract.

Signature of Registrar: [illegible]

Date Filed: October 27, 1954

Evidence received by: Betty Walker

Records are open each and every [illegible] for a period of [illegible] years.

[illegible] are those each after [illegible] years or less [illegible] years old.

437-230-025-135

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De55-979~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Viola McPherson,			2. Date of Birth (month) April, (day) 30, (year) 1899.
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: near Cottonwood, Idaho County,	b. City or Town of Birth: State of Idaho.
FATHER	6. Full Name of Father: Eugene E. McPherson			7. State or Country of Father's Birth: Minnesota.
MOTHER	8. Full Maiden Name of Mother: Charlotte V. Alexander			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Viola McPherson		11. Present Address of Registrant: Pomeroy, Washington.
NOTARY (Seal)	Subscribed and sworn to before me on November 4, 1955	12. Signature of Notary: Means T. Gates		13. Notary Commission expires October 23, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: postal savings account application	By whom issued and signed: Ronald L. Chard, Postmaster Pomeroy, Washington	Date Issued: 11-3-55	Date Orig. Entry: September 29 1950
Class* B	Date of Birth: April 30 1899 / Birth Place: Cottonwood Idaho	Full Name of Mother: Charlotte Alexander	Name of Father: Eugene E. McPherson	
SUPPORTING RECORD 2.	Type of Document: statement re school record	By whom issued and signed: GARFIELD COUNTY SUPER. OF SCHOOLS, Pomeroy, Wash.	Date Issued: 10-28-55	Date Orig. Entry: school census 1915
Class B	Date of Birth: April 30 1899 / Birth Place:	Full Name of Mother: A. L. CABBAGE	Name of Father: Eugene E. McPherson	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Charlotte V. McPherson	Date Issued: 11-2-55	Date Orig. Entry:
Class B	Date of Birth: April 30 1899 / Birth Place: Cottonwood Idaho	Full Name of Mother: Charlotte V. Alexander	Name of Father: Eugene E. McPherson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: G. L. Benson	Evidence reviewed by: Betty Waller	Date Filed: November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 15 1959

243-101-032-444

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1072
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence May Butler
2. Date of Birth (month) Oct. (day) 1 (year) 1899
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Home - Lincoln b. City or Town of Birth: Shoshone

FATHER

6. Full Name of Father: Alvin Lloyd Butler
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Maiden Name of Mother: Lavina Dudley
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

...re upon oath that the ...s are true to the ...edge and belief.

10. Signature of Registrant: Florence May Lloyd
11. Present Address of Registrant: 993 S. 12th St. Salem, Ore.

...orn to before me on ...16 1955

12. Signature of Notary: Fred A Williams
13. Notary Commission expires: March 20 1957

NOTARY PUBLIC

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family		By whom issued and signed: M. Belle Hess	Date issued: 11-2-55	Date Orig. Entry:
Class* B	Date of Birth: October 1 1899	Birth Place: Shoshone, Idaho	Full Name of Mother: Mary Lavina Dudley	Name of Father: Alvin Lloyd Butler	
SUPPORTING RECORD 2.	Type of Document: application for insurance		By whom issued and signed: COLORADO LIFE COMPANY Denver #X54,751	Date issued:	Date Orig. Entry: May 28 1934
Class B	Date of Birth: October 1 1899	Birth Place: Shoshone Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: son's birth certificate		By whom issued and signed: STATE OF WASHINGTON	Date issued: 2-11-42	Date Orig. Entry: child born Feb. 14, 1925
Class B	Date of Birth: 25 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. P. Benson

Evidence reviewed by: bw Betty Waller

Date Filed: December 9 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

866-05-040-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-1076
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILTON C. HOWARD		2. Date of Birth (month) November (day) 5 (year) 1899	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho a. County: Shoshone	b. City or Town of Birth: Burke
FATHER	6. Full Name of Father: R. C. Howard		7. State or Country of Father's Birth: Indianapolis, Ind.	
MOTHER	8. Full Maiden Name of Mother: Amanda Durham		9. State or Country of Mother's Birth: Sumerset, Kentucky.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milton C. Howard	11. Present Address of Registrant: 408 N 4th Miles City, Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 5 1955	12. Signature of Notary: Robert F. Abel	13. Notary Commission expires: 3/10 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: marriage license	By whom issued and signed: STATE OF MONTANA County of Park	Date Issued:	Date Orig. Entry: December 30, 1922
Class* B	Date of Birth: 23 years old / Birth Place: Burke, Idaho	Full Name of Mother: Amanda Durham	Name of Father: R. C. Howard	
SUPPORTING RECORD 2.	Type of Document: lodge record	By whom issued and signed: FRATERNAL ORDER OF EAGLES Miles City, Montana	Date Issued: 9-15-55	Date Orig. Entry: July 19, 1945
Class B	Date of Birth: November 5, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: school record statement re	By whom issued and signed: GALLATIN COUNTY, MONTANA Bozeman, Montana	Date Issued: 7-7-55	Date Orig. Entry: school census report, 1911
Class B	Date of Birth: November 5, 1899 / Birth Place:	Full Name of Mother: Amanda Howard	Name of Father: Richard Howard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: December 12 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

14 1955

249-102-032-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-021
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phillip Joslin Burgess.			2. Date of Birth (month) April (day) 2nd. (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Charles Ulysses Burgess.			7. State or Country of Father's Birth: Iowa. U.S.A
MOTHER	8. Full Maiden Name of Mother: Carrie Edna Kenaston.			9. State or Country of Mother's Birth: Nebraska. U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phillip Joslin Burgess		11. Present Address of Registrant: Shoshone Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1956	12. Signature of Notary: Fred A. Schwartz		13. Notary Commission expires: May 1 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: INSURANCE RECORD	By whom issued and signed: MODERN WOODMEN OF AMERICA #4004167C	Date Issued:	Date Orig. Entry: March 1 1933
Class* B	Date of Birth: 34 years old (rating age)	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #386206	Date Issued: 4-13-48	Date Orig. Entry: child born June 30, 1942
Class B	Date of Birth: 43 years old	Birth Place: Shoshone Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY AUNT	By whom issued and signed: FLORA E. CAMPBELL Opportunity, Washington	Date Issued: 12-29-55	Date Orig. Entry:
Class B	Date of Birth: April 2 1899	Birth Place: Shoshone, Idaho Lincoln County	Full Name of Mother: Carrie Edna Kenaston	Name of Father: Charles Ulysses Burgess
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: Betty Waller	Date Filed: January 6 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OFFICIAL CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Name

Birthplace

Sex

Date of birth

Father

Mother

Parents' Address at Registration

Occupation

Date filed

Date issued

Date of death

Name of father

Full maiden name of mother

Place of death

Date of death

Place of birth

Full name of mother

Date issued

Date filed

Date of birth

Place of birth

Full name of father

Date issued

Date filed

Date of birth

Place of birth

Full name of mother

Date issued

Date filed

Date of birth

Place of birth

Full name of father

Date issued

Date filed

Date of birth

Place of birth

Full name of mother

Date issued

Date filed

Date of birth

Place of birth

Full name of father

Date issued

Date filed

REGISTRAR'S CERTIFICATION

I hereby certify that the prior birth certificate has been found in the city or vital statistics for the state registrars and that documentary evidence has been filed with it establishing the facts as set forth in the foregoing abstract.

State Registrar

Authority for record by

Date filed

Class A records are those made on the birth certificate form, Class B records are those made after the twenty-fifth year and are of a lesser grade.

391-114-029-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 24 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-041
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Walter Joseph Trautman		2. Date of Birth (month) September (day) 14 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah County	b. City or Town of Birth: Genesse, Idaho
FATHER	6. Full Name of Father: John Trautman		7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Katherine Jacobs		9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter J Trautman	11. Present Address of Registrant: 67 Royal Ave-N. Kamloops, B. C.	
NOTARY (Seal)	Subscribed and sworn to before me on Nov. 21 1953	12. Signature of Notary: [illegible]	13. Notary Commission expires: is for life	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Andrew A. Troutman	Date Issued: Nov. 2, 1953	Date Orig. Entry
Class* B	Date of Birth: Sept. 14, 1899	Birth Place: Genesse, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: ST. MARY CHURCH Genesee, Idaho	Date Issued: 12-30-55	Date Orig. Entry: baptized September 17, 1899
Class A	Date of Birth: September 14, 1899	Birth Place	Full Name of Mother: Catherine Jacobs	Name of Father: John Troutman
SUPPORTING RECORD 3.	Type of Document: STATEMENT RE FAMILY BIBLE	By whom issued and signed: viewed by William Brennan Notary Public, British Columbia, Can.	Date Issued: 12-28-55	Date Orig. Entry
Class B	Date of Birth: September 14, 1899	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: January 11 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

985-217-025-499

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-120
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora May Rhett		2. Date of Birth (month) June (day) 17 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Freedom
FATHER	6. Full Name of Father: Elburt William Rhett		7. State or Country of Father's Birth: Idaho Co, Idaho	
MOTHER	8. Full Maiden Name of Mother: Minerva May Mires		9. State or Country of Mother's Birth: Benton Co, Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora May Rhett	11. Present Address of Registrant: Rt 1, Box 242 Battle Ground, Wash	
NOTARY (Seal)	Subscribed and sworn to before me on January 6 19 56	12. Signature of Notary: P. L. Rasmussen	13. Notary Commission expires: 3/11/57 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: HUNTING--FISHING LICENSE	By whom issued and signed: STATE OF WASHINGTON #30262	Date Issued:	Date Orig. Entry: April 10 1950
Class* B	Date of Birth: June 17 1950 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: E. W. RHETT Grangeville, Idaho	Date Issued: 1-11-56	Date Orig. Entry:
Class B	Date of Birth: June 17 1899 / Birth Place: Idaho County, Idaho	Full Name of Mother: Minerva Mae Mires	Name of Father: E. W. Rhett	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR MEMBERSHIP IN GRANGE	By whom issued and signed: GRANGE NO. 1101 Battle Ground, Washington	Date Issued:	Date Orig. Entry: September 22 1939
Class B	Date of Birth: 40 years old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Betty Waller	Date Filed: February 8 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

693-216-025-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-169
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneva Maude Fitting		2. Date of Birth (month) February (day) 16 (year) 1899	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: near Kooskia Idaho	b. City or Town of Birth: near Kooskia Idaho
FATHER	6. Full Name of Father: August Thomas Fitting		7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Gilroy		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneva Fitting Gelbach	11. Present Address of Registrant: Pullman, Wn. 601 Gladmin Way	
NOTARY (Seal)	Subscribed and sworn to before me on July 22 1955	12. Signature of Notary: W. U. Stevens	13. Notary Commission expires: 4-18-1957	

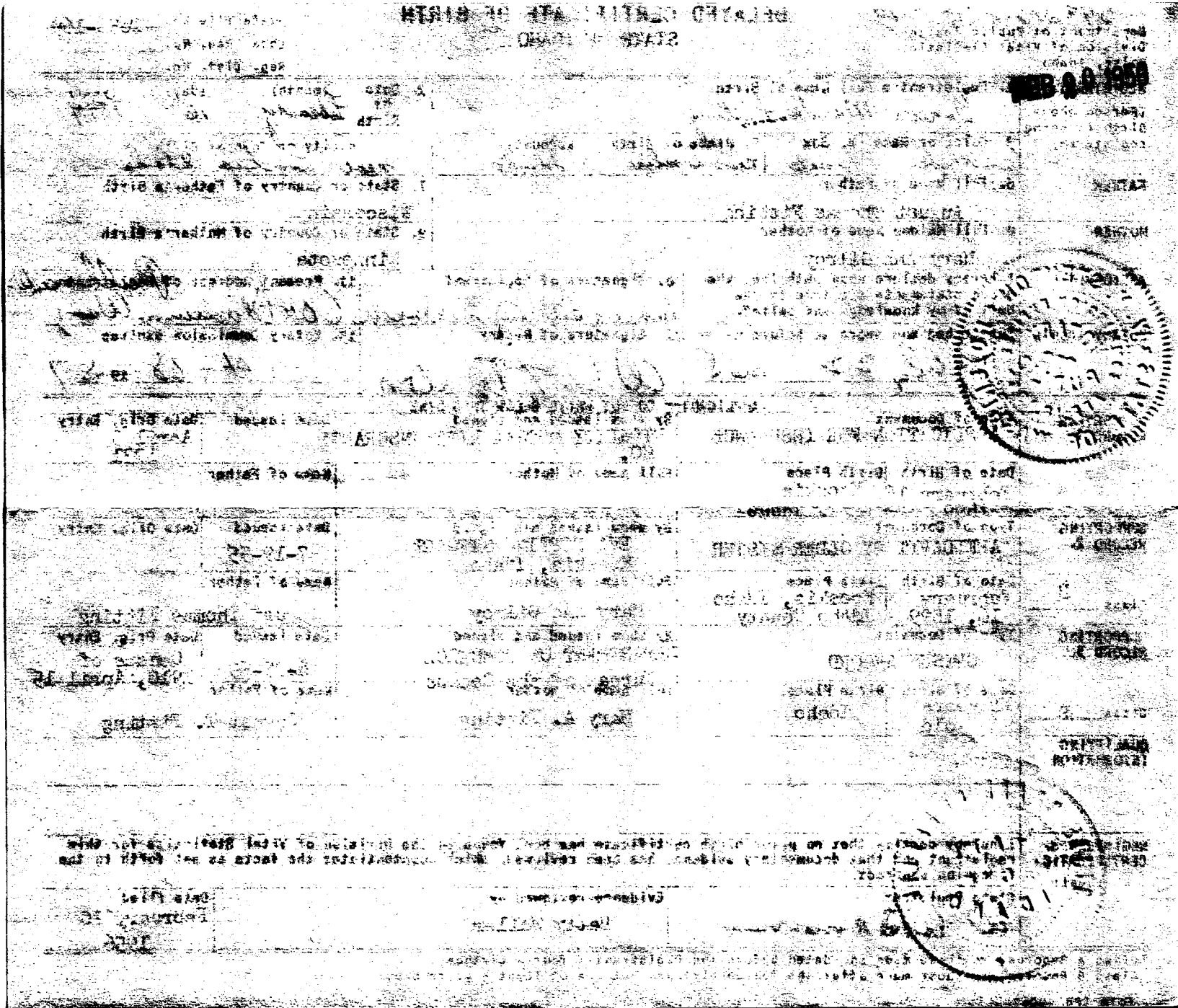
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: FIDELITY MUTUAL LIFE INSURANCE CO.	Date Issued:	Date Orig. Entry: April 3 1931
Class* B	Date of Birth: February 16 1899 / Birth Place: Kooskia Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY OLDER SISTER	By whom issued and signed: EVA FITTING STEWART Kooskia, Idaho	Date Issued: 7-19-55	Date Orig. Entry:
Class B	Date of Birth: February 16, 1899 / Birth Place: Kooskia, Idaho Idaho County	Full Name of Mother: Mary Ann Gilroy	Name of Father: August Thomas Fitting	
SUPPORTING RECORD 3.	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 8-25-55	Date Orig. Entry: Census of 1910, April 15
Class B	Date of Birth: 11 years old / Birth Place: Idaho	Full Name of Mother: Mary A. Fitting	Name of Father: August T. Fitting	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Betty Waller	Date Filed: February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



719-227-025-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-170
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Jerusha Garrard		2. Date of Birth (month) June (day) 27 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cottonwood (near Oakley, Cassia Co., Ida.	b. City or Town of Birth: Cottonwood Oakley Idaho
FATHER	6. Full Name of Father: Joseph Hyrum Garrard		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Stanger		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Jerusha Garrard	11. Present Address of Registrant: Oakley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 1956	12. Signature of Notary: Lou Nelson	13. Notary Commission expires: July 10 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: SON'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF IDAHO #222784	Date Issued:	Date Orig. Entry: child born May 30, 1934
Class* B	Date of Birth: 34 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD		By whom issued and signed: L.D.S. CHURCH Salt Lake City, Utah	Date Issued: 12-1-55	Date Orig. Entry: entered on record March 3, 1901
Class A	Date of Birth: June 27 1899	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Elizabeth Stanger	Name of Father: Joseph H. Garrard	
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: ELIZABETH GARRARD	Date Issued:	Date Orig. Entry:
Class B	Date of Birth: June 27, 1899	Birth Place: Cottonwood (near Oakley) Idaho, Cassia County	Full Name of Mother: Elizabeth Garrard	Name of Father: Joseph Hyrum Garrard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 20 1956

295-207.003-119

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-185
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luna Caroline Kinghorn		2. Date of Birth (month) 4 (day) 7 (year) 1899	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Lewisville Bannock	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: James Kinghorn		7. State or Country of Father's Birth: Salt Lake City	
MOTHER	8. Full Maiden Name of Mother: Luna Jardine		9. State or Country of Mother's Birth: West Weber, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luna Caroline Norton	11. Present Address of Registrant: 562-I St	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 1956	12. Signature of Notary: Nell Elison	13. Notary Commission expires: March 25 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Original Records viewed in this office. Family Bible	Date Issued: Obviously near time of birth.	Date Orig. Entry
Class* A	Date of Birth: Apr. 7, 1899 / Birth Place:	Full Name of Mother: Luna	Name of Father: James	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Evan Cowley, Ward Clerk L.D.S. Church-Idaho Falls, Ida.	Date Issued: Feb. 25, 1956	Date Orig. Entry: Feb. 25, 1956
Class B	Date of Birth: Apr. 7, 1899 / Birth Place: Lewisville, Idaho	Full Name of Mother: Luna Jardine	Name of Father: James Kinghorn	
SUPPORTING RECORD 3.	Type of Document: Child's birth Certificate	By whom issued and signed: Bureau of Vital Statistics State File #233160 Boise, Ida.	Date Issued: 6/18/35	Date Orig. Entry: 6/18/35
Class B	Date of Birth: Age 36 / Birth Place: Louisville, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Verna Reisch	Date Filed: Feb. 27, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

813-204-009-671

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-198
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: MABEL FLORENCE HALVERSON			2. Date of Birth (month) MAY (day) 4 (year) 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: IDAHO BONNER	b. City or Town of Birth: near Laclede, Idaho
FATHER	6. Full Name of Father: Halvor Halverson			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Johanna Alberta Ogard			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Halverson Burnett		11. Present Address of Registrant: Walla Walla, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on Feb 28 19 56	12. Signature of Notary: Gordon K Potter		13. Notary Commission Expires: Feb 28, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: Johanna Alberta Halverson	Date Issued: 10-20-55	Date Orig. Entry:
Class* B	Date of Birth: May 4 1899	Birth Place: Laclede, Idaho Bonner County	Full Name of Mother: Johanna Alberta Halverson	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: FAMILY RECORD		By when issued and signed: viewed by R. W. TORREY COLUMBIA REPRODUCTIONS	Date Issued: 1-4-56	Date Orig. Entry:
Class B	Date of Birth: May 4 1899	Birth Place: Laclede, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: STATEMENT RE SCHOOL RECORD		By when issued and signed: BONNER COUNTY CLASS A SCHOOL DISTRICT NO. 82, Sandpoint, Idaho	Date Issued: 11-11-55	Date Orig. Entry: September 23 1910
Class B	Date of Birth: 11 years old	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 2 1956

719-205-022-316

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-306
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Louise Gardner			2. Date of Birth (month) (day) (year): December 5 1899
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: Alfred Albert Gardner			7. State or Country of Father's Birth: Mendon Utah
MOTHER	8. Full Maiden Name of Mother: Caroline Lawrence			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Louise Gardner		11. Present Address of Registrant: Salt Lake City 846 So 2 East Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 7th 1956	12. Signature of Notary: William Rook		13. Notary Commission expires: March 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: INSURANCE POLICY	By whom issued and signed: WHOLE LIFE INDUSTRIAL POLICY METROPOLITAN LIFE INSURANCE CO.	Date Issued:	Date Orig. Entry: issued Nov. 1. 1938
Class* B	Date of Birth: 39 years old next birthday	Birth Place:	Full Name of Mother: #316173 M1	Name of Father:
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued: 8-2-18	Date Orig. Entry: baptized Aug. 1, 1908
Class B	Date of Birth: December 5 1899	Birth Place: Teton, Idaho Fremont County	Full Name of Mother: Caroline Lawrence	Name of Father: Albert Gardner
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY UNCLE	By whom issued and signed: JAMES LAWRENCE Salt Lake City, Utah	Date Issued: 4-7-56	Date Orig. Entry:
Class B	Date of Birth: December 5 1899	Birth Place: Teton City, Idaho Fremont County	Full Name of Mother: Caroline Lawrence	Name of Father: Alfred Albert Gardner
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. I. Benson	Evidence reviewed by: Betty Waller	Date Filed: April 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT — 1. Registrant's full name at birth: [illegible]

2. Date of birth (month): [illegible]

3. Place of birth: [illegible] 4. County: Idaho

5. Sex: M

6. Full name of father: [illegible]

7. Place of residence of father: [illegible]

8. Maiden name of mother: [illegible]

9. State or country of mother's birth: [illegible]

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of registrant: [illegible]

Subscribed and sworn to before me on (date) [illegible] 19 [illegible]

11. Signature of Notary: [illegible]

12. Notary Commission expires: [illegible]

SUPPORTING RECORD 1 — Type of document: [illegible] Date of birth: [illegible] Place: [illegible]

By whom issued and signed: [illegible] Full name of mother: [illegible] Full name of father: [illegible]

Date issued: [illegible] Date reg. entry: [illegible]

SUPPORTING RECORD 2 — Type of document: [illegible] Date of birth: [illegible] Place: [illegible]

By whom issued and signed: [illegible] Full name of mother: Caroline Lawrence Full name of father: [illegible]

Date issued: [illegible] Date reg. entry: [illegible]

SUPPORTING RECORD 3 — Type of document: [illegible] Date of birth: [illegible] Place: [illegible]

By whom issued and signed: [illegible] Full name of mother: Caroline Lawrence Full name of father: Alfred Albert Lawrence

Date issued: [illegible] Date reg. entry: [illegible]

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Registrar: [illegible]

Evidence reviewed by: Betty Miller

Date filed: April 14, 1956

434-205-001-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-497
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lily Olive Mc Mullen		2. Date of Birth (month) 2 - (day) 5 - (year) 1899	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Ada County	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: David Marshall Mc Mullen		7. State or Country of Father's Birth: Richmond, Indiana	
MOTHER	8. Full Maiden Name of Mother: Ellenor Packenham		9. State or Country of Mother's Birth: Clarendo County, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lily O. Wright	11. Present Address of Registrant: Route # 2, Meridian, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1956	12. Signature of Notary: Carl W. Gieneke	13. Notary Commission expires: Notary Public Residing at Boise, Idaho My Commission expires Aug. 25, 19[illegible]	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Idaho State File #149689	Date Issued: Feb.28,1927	Date Orig. Entry: Feb. 28, 1927
Class* B	Date of Birth: Age 28 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Boise, Idaho Idaho Mutual Benefit Association	Date Issued: 4-12-41	Date Orig. Entry: 4-12-41
Class B	Date of Birth: Feb. 5,1899 / Birth Place: Meridian, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Walter McMullen-Brother	Date Issued: Mar.8,1956	Date Orig. Entry: March 8,1956
Class B	Date of Birth: Feb.5,1899 / Birth Place: Meridian, Idaho	Full Name of Mother: Ellenor McMullen	Name of Father: David Marshall McMullen	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Verna R. Reisch	Date Filed: May 14, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

319-07-040-694

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De56-404
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Raymond Carlberg		2. Date of Birth (month) October (day) 7 (year) 1899	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Mullan
FATHER	6. Full Name of Father: August Carlberg		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Olga Widel		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter R. Carlberg	11. Present Address of Registrant: 7036 No. Westanna Ave. Portland, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on February 6 1956	12. Signature of Notary: Elizabeth M. Mabre	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Aug. 17, 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record		By whom issued and signed: J. W. CARLSON, pastor	Date Issued:	Date Orig. Entry: baptized Sept. 9, 1900
	Date of Birth: October 7, 1899	Birth Place: Mullan Idaho	Full Name of Mother: Mrs. Olga Carlberg	Name of Father: August Carlberg	
SUPPORTING RECORD 2. Class B	Type of Document: statement re school record		By whom issued and signed: Portland Public Schools Portland, Oregon	Date Issued: 2-6-56	Date Orig. Entry: school year 1914-1915
	Date of Birth: October 7, 1899	Birth Place: Mullan Idaho	Full Name of Mother: Olga Carlberg	Name of Father: Aug Carlberg	
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by aunt		By whom issued and signed: Leila Johnson Portland, Oregon	Date Issued: 2-10-56	Date Orig. Entry:
	Date of Birth: October 7, 1899	Birth Place: Mullan, Idaho Shoshone County	Full Name of Mother: Olga Widell	Name of Father: August Carlberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: May 14, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 15 1958

1. Place of birth	2. Sex	3. Color or race	4. Date of birth (month, day, year)
Shawnee	male	white	October 7, 1900
5. Full name of father		6. Birthplace (state or country)	
August Carlberg		Sweden	
7. Maiden name of mother		8. Birthplace (state or country)	
Vital		Sweden	
9. Occupation		10. Kind of business or industry	
Farmer		Farming	
11. Residence, street and number, or location		12. Residence, city, town, or township	
Rural Route 1		Shawnee	
13. Residence, county		14. Residence, state	
Johnson		Kansas	
15. Informant		16. Residence	
Mrs. Ella Johnson		Shawnee, Kansas	
17. Date filed		18. Registrar	
Oct. 9, 1900		Ella Johnson	

212-215-026-393

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-534
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LILLIAN FLORA BAKER		2. Date of Birth (month) June (day) 15 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Market Lake, Idaho
FATHER	6. Full Name of Father: Willis Allen Baker		7. State or Country of Father's Birth: x Colorado	
MOTHER	8. Full Maiden Name of Mother: Nora Amelia Lilley		9. State or Country of Mother's Birth: x Illnoise	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Lillian Flora Shayer	11. Present Address of Registrant: 3813 College Avenue Culver City, California	
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 1955	12. Signature of Notary: Roy R Maier	13. Notary Commission expires: Mar 28 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Nora Amelia Baker, Willis Allen Baker	Date Issued: October 7,	Date Orig. Entry: 1952
Class* B	Date of Birth: June 15, 1899	Birth Place: Market Lake, Idaho	Full Name of Mother: Nora Amelia Baker	Name of Father: Willis Allen Baker
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: California State Board of Health	Date Issued: 11-29-55	Date Orig. Entry: married May 17, 1929
Class B	Date of Birth: 29 years old	Birth Place: Idaho	Full Name of Mother: Nora A. Lilley	Name of Father: Willis A. Baker
SUPPORTING RECORD 3.	Type of Document: daughter's birth certificate	By whom issued and signed: State of Calfornia	Date Issued: 1-16-56	Date Orig. Entry: child born Sept. 1, 1931
Class B	Date of Birth: 32 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: eh Betty Waller	Date Filed: May 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

553-115-021-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-564
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cyril Raymond Nelson			2. Date of Birth (month) Oct (day) 15 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Weston Idaho. Franklin	b. City or Town of Birth: Weston Idaho.
FATHER	6. Full Name of Father: John Andrew Nelson			7. State or Country of Father's Birth: Brinna Sweden 3-24-1844
MOTHER	8. Full Maiden Name of Mother: Mary Simpson			9. State or Country of Mother's Birth: Liecester England 3-18-1860
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cyril R Nelson		11. Present Address of Registrant: 1065 3½ East Borne ave Los Angeles 24, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1956	12. Signature of Notary: Vena M McTavish		13. Notary Commission expires: June 11 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit		By whom issued and signed: Guy H. Nelson Ogden, Utah	Date Issued: 2-7-56	Date Orig. Entry
Class* B	Date of Birth: October 15, 1899	Birth Place: Weston, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: daughter's birth certificate		By whom issued and signed: State of Idaho #183832	Date Issued	Date Orig. Entry: child born Aug. 2, 1930
Class B	Date of Birth: 30 years old	Birth Place: Weston Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: statement re school record		By whom issued and signed: L.D.S. Church-Smithfield E. Roy Erickson, Ward Clerk	Date Issued: 5-20-42	Date Orig. Entry: Book A-1
Class B	Date of Birth: October 15, 1899	Birth Place: Weston Idaho	Full Name of Mother: Mary Simpson	Name of Father: John A. Nelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: May 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

MAY 31 1956

518-22-2001-796

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-634
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Lenora Vahlberg			2. Date of Birth (month) July (day) 22 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Ada	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Edward Carl Vahlberg			7. State or Country of Father's Birth: Indiana U.S.A.
MOTHER	8. Full Maiden Name of Mother: Ona Groesbeck			9. State or Country of Mother's Birth: Iowa U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Lenora Wellman		11. Present Address of Registrant: 3005 N 36 St Boise
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1956	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 12 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record	By whom issued and signed: Mother-Ona Gr. Vahlberg	Date Issued: Viewed original in this office. Obviously old.	Date Orig. Entry
Class* B	Date of Birth: July 22, 1899 / Birth Place: Emmett, Idaho	Full Name of Mother: Ona Gr. Vahlberg	Name of Father: Edward C. Vahlberg	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Idaho State File #124887	Date Issued: July 22, 1924	Date Orig. Entry: July 22, 1924
Class B	Date of Birth: Age 25 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: 518-26-2248 application for Social Security number	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued	Date Orig. Entry: applied Aug. 6, 1943
Class B	Date of Birth: July 22 1899 / Birth Place: Emmett Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. P. Benson	Evidence reviewed by: Betty Waller	Date Filed: June 18, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 28 1967

154-118-037-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-642
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDWARD THOMAS ANDREWS		2. Date of Birth (month) August (day) 18 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: DeLamar, Idaho
FATHER	6. Full Name of Father: Edward Charles Andrews		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Lillian May Thomas		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward T. Andrews	11. Present Address of Registrant: 1014 Lincoln St. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on July 19 1955	12. Signature of Notary: W W Benson	13. Notary Commission expires July 31 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: International Life Ins. Co.	Date Issued:	Date Orig. Entry: Feb. 6, 1920
Class* B	Date of Birth: Aug. 18, 1899 / Birth Place: DeLamar, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: #63015 Child's Birth Certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho	Date Issued:	Date Orig. Entry: birthdate Sept. 19, 1918
Class B	Date of Birth: 19 yrs. old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Personnel Record	By whom issued and signed: St. Louis, Missouri Federal Records Center	Date Issued: Aug. 3, 1955	Date Orig. Entry: Aug. 3, 1955
Class B	Date of Birth: Aug. 18, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: JH Verna Reisch	Date Filed: June 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

386-207.022-119

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-659
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE IVY THOMPSON		2. Date of Birth (month) JULY (day) 7 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: ST. ANTHONY, FREMONT
FATHER	6. Full Name of Father: Hyrum Almanza Thompson		7. State or Country of Father's Birth: Bountiful, Utah	
MOTHER	8. Full Maiden Name of Mother: Isadora Jardine		9. State or Country of Mother's Birth: St. Johns, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Ivy Teeter	11. Present Address of Registrant: Ketchum Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 9 19 56	12. Signature of Notary: Jack A. Stone by Shirlene Murri - Dep.	13. Notary Commission expires: Elective 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY OLDER BROTHER	By whom issued and signed: RICHARD F. THOMPSON St. Anthony, Idaho	Date Issued: 4-2-56	Date Orig. Entry:
Class* B	Date of Birth: July 7 1899 / Birth Place: St. Anthony Fremont County	Full Name of Mother: Isadora Jardine	Name of Father: Hyrum Almanza Thompson	
SUPPORTING RECORD 2.	Type of Document: family record	By whom issued and signed: original document viewed by this office	Date Issued:	Date Orig. Entry: obviously old
Class B	Date of Birth: July 7 1899 / Birth Place: St. Anthony, Idaho Fremont County	Full Name of Mother: Isadora Jardine	Name of Father: Hyrum Almanza Thompson	
SUPPORTING RECORD 3.	Type of Document: statement re school record	By whom issued and signed: Fremont County, Idaho Jack A. Stone, Clerk	Date Issued: 5-22-56	Date Orig. Entry: Sept., 1905 TO Sept., 1906
Class B	Date of Birth: 7 years old / Birth Place:	Full Name of Mother:	Name of Father: Hyrum A. Thompson	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: June 26, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 27 1956

632-207,006-743

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-680
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Olson		2. Date of Birth (month) Sept. (day) 7 (year) 1899	
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: New Sweden ~~Bingham~~	b. City or Town of Birth: New Sweden
FATHER	6. Full Name of Father: Erick Olson		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Gull		9. State or Country of Mother's Birth: Finland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lena Olson Foley	11. Present Address of Registrant: Idaho Falls, Idaho, R#4	
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1956	12. Signature of Notary: L. Durg Jensen	13. Notary Commission expires: June 16 1959.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: Rev. Jacob E. Blom	Date Issued:	Date Orig. Entry: October 8 1899
Class* A	Date of Birth: September 7, 1899 / Birth Place: New Sweden, Idaho Bingham County	Full Name of Mother: Elisabeth Olson	Name of Father: Erick Olson	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family	By whom issued and signed: Gust Beckman Idaho Falls, Idaho	Date Issued: 6-1-56	Date Orig. Entry:
Class B	Date of Birth: September 7, 1899 / Birth Place: New Sweden, Idaho Bingham County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: statement re school record	By whom issued and signed: Bingham County Blackfoot, Idaho	Date Issued: 2-29-56	Date Orig. Entry: school census 1908
Class B	Date of Birth: 9 years old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. A. Benson	Evidence reviewed by: Betty Waller	Date Filed: July 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 2 1956

Betty Walker

July 2, 1956

249-105-036-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De56-703~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jorin Smith			2. Date of Birth (month) (day) (year): October 5th 1899
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Fairview Onida	b. City or Town of Birth: Fairview
FATHER	6. Full Name of Father: Issac Smith			7. State or Country of Father's Birth: Burbage Wilts, England
MOTHER	8. Full Maiden Name of Mother: Betsy A. Bateman			9. State or Country of Mother's Birth: Richmond, Cache Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jorin Smith		11. Present Address of Registrant: Rigby, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: May 12th 1956	12. Signature of Notary: George M Larsen		13. Notary Commission expires: Dec. 12, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: baptized July 21, 1909
Class* B	Date of Birth: October 5, 1899 / Birth Place: Fairview, Idaho Oneida County	Full Name of Mother: Betsy A. Bateman	Name of Father: Isaac Smith	
SUPPORTING RECORD 2.	Type of Document: affidavit by older brother	By whom issued and signed: James Raymond Smith Jefferson County, Idaho	Date Issued: 7-2-56	Date Orig. Entry:
Class B	Date of Birth: October 5, 1899 / Birth Place: Fairview, Idaho Onida County	Full Name of Mother: Betsy A. Bateman	Name of Father: Isaac Smith	
SUPPORTING RECORD 3.	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #408477	Date Issued: 6-26-56	Date Orig. Entry: child born Feb. 25, 1919
Class B	Date of Birth: 19 years old / Birth Place: Fairview Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: July 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

845-716-016-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-760
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Rebecca Hunter		2. Date of Birth (month) March (day) 16 (year) 1899	
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: John Whelan Davis Hunter		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Charlotte Hale		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Rebecca Hunter Harris	11. Present Address of Registrant: Emmett Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1956	12. Signature of Notary: Nee Elison	13. Notary Commission expires: March 25 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Idaho State File #139812 Bureau of Vital Statistics	Date Issued: 3 - 22 -26	Date Orig. Entry: 3 - 22 - 26
Class* B	Date of Birth: Age 27 / Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Boise, Idaho Idaho Mutual Benefit	Date Issued: Feb.27,1935	Date Orig. Entry: Feb. 27,1935
Class B	Date of Birth: March 16,1899 / Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Emmett First Ward L. D. S. Church	Date Issued: Sept.16,1954	Date Orig. Entry: March 16,1907
Class B	Date of Birth: Mar.16,1899 / Birth Place: Oakley, Idaho	Full Name of Mother: Charlotte Hale	Name of Father: John Whelan Davis Hunter	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Verna Reisch	Date Filed: July 23,1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DCT 24 1960

-155-215-036-65-9

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De56-772
Local Reg. No.
Reg. Dist. No.

Manila Nicholas (nee Manila Jenkins)

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MANILA JENKINS		2. Date of Birth (month) 5 (day) 15 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Joseph Williams Jenkins		7. State or Country of Father's Birth: Glamorgan, South Wales	
MOTHER	8. Full Maiden Name of Mother: Annie Ferry		9. State or Country of Mother's Birth: London Derry, Ireland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Manila Jenkins	11. Present Address of Registrant: 206 W. 5th North Malad, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 23 19 56.	12. Signature of Notary: E L Scott	13. Notary Commission expires: May 19 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: L.D.S. Church Malad, Idaho	Date Issued:	Date Orig. Entry: baptized May 6, 1911
Class* B	Date of Birth: May 15 1899 / Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Annie Ferry	Name of Father: Joseph W. Jenkins	
SUPPORTING RECORD 2.	Type of Document: family record	By whom issued and signed: viewed by E. L. SCOTT, Notary Public, Malad, Idaho	Date Issued: 7-23-56	Date Orig. Entry:
Class B	Date of Birth: May 15 1899 / Birth Place:	Full Name of Mother: Annie F. Jenkins	Name of Father: Joseph W. Jenkins	
SUPPORTING RECORD 3.	Type of Document: affidavit by step-brother	By whom issued and signed: Edmond Morgan Malad, Idaho	Date Issued: 7-23-56	Date Orig. Entry:
Class B	Date of Birth: May 15 1899 / Birth Place: Malad Idaho	Full Name of Mother: Annie F. Jenkins	Name of Father: Joseph W. Jenkins	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Evidence reviewed by: Betty Waller	Date Filed: July 25, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 26 1950

231-205-001-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-917
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Viola Starr		2. Date of Birth (month) March (day) 5th (year) 1899	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian Idaho
FATHER	6. Full Name of Father: Jarrett Starr		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Matilda Starr		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Viola Starr Crockett	11. Present Address of Registrant: 122 E. Ada Street Meridian	
NOTARY (Seal)	Subscribed and sworn to before me on: August 16th 1956	12. Signature of Notary: Arthur Frazier	13. Notary Commission expires: January 18th 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin	By whom issued and signed: Mrs. Meda Whiteley	Date Issued: August 16,	Date Orig. Entry: 1956
Class* B	Date of Birth: March 5, 1899 / Birth Place: Meridian, Idaho	Full Name of Mother: Matilda Starr	Name of Father: Jarrett Starr	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Chicago, Illinois Combined Insurance Co.	Date Issued: June 13,	Date Orig. Entry: 1950
Class B	Date of Birth: March 5, 1899 / Birth Place: Meridian, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Meridian, Idaho Royal Neighbors	Date Issued: May 11,	Date Orig. Entry: 1945
Class B	Date of Birth: Age 46 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: vr Verna Reisch	Date Filed: Sept. 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 25 1966

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APR 25 1967

465-118-036 66

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUN 7 - 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-956
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: TIMOTHY MORGAN MONSON			2. Date of Birth (month) JULY (day) 18 (year) 1899
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: MALAD CITY ONEIDA	b. City or Town of Birth: MALAD CITY IDAHO.
FATHER	6. Full Name of Father: ED MONSON			7. State or Country of Father's Birth: HYRUM UTAH
MOTHER	8. Full Maiden Name of Mother: LUCY WOOZLEY			9. State or Country of Mother's Birth: WALES, BRIDISH ISLES
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Timothy M. Monson	11. Present Address of Registrant: 5675 East Jensen ave. Fresno California
NOTARY (Seal)	Subscribed and sworn to before me on: June 11, 1954		12. Signature of Notary: Esther C. Johnson	13. Notary Commission expires: Sept 3, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY OLDER SISTER		By whom issued and signed: ALICE MONSON Fresno, California	Date Issued: 6-3-54	Date Orig. Entry
Class* B	Date of Birth: July 18 1899	Birth Place: Malad City, Idaho Oneida County	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Marriace Certificate		By whom issued and signed: Tulare Co., California Ira Chrisman-Recorder	Date Issued: June 30,	Date Orig. Entry: 1931
Class B	Date of Birth: Age 31	Birth Place: Idaho	Full Name of Mother: Lucy Woozley	Name of Father: Ed Monson	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate		By whom issued and signed: Hospital Record Fresno, California	Date Issued: June 27,	Date Orig. Entry: 1940
Class B	Date of Birth: July 18, 1899	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: bw Verna Reisch	Date Filed: Sept. 14,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 17 1955

893-122-96 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

SEP 17 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-960
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Full Name at Birth: Oral Rudolph Hite, Jr		2. Date of Birth (month) (day) (year): Sep. 22 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Valley; b. City or Town of Birth: Cabarton, Idaho
FATHER	6. Full Name of Father: Oral Rudolph Hite		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Lillie Blanche Cantrall		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oral Rudolph Hite	11. Present Address of Registrant: Nyssa, Ore. R.#1
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1956	12. Signature of Notary: D. Nicholson	13. Notary Commission expires: 10/28 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Vale, Oregon Equitable Life Assurance	Date Issued: Aug.7,56	Date Orig. Entry: Mch 19,1931
Class* B	Date of Birth: Sept. 22, 1899 / Birth Place: Valley Co,Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Nyssa, Oregon Oral Rudolph Hite	Date Issued: July 25,	Date Orig. Entry: 1956
Class B	Date of Birth: September 22, 1899 / Birth Place: Cabarton,Idaho	Full Name of Mother: Lillie Blanche Cantrall	Name of Father: Oral Rudolph Hite	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: February	Date Orig. Entry: 16,1955
Class B	Date of Birth: September 22, 1899 / Birth Place: Valley Co.,Idaho	Full Name of Mother: o Lillie Blanche Cantrell	Name of Father: Oral Rudolph Hite,Sr.	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	vr Verna Reisch	Sept.17,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 17 1968

533-225-040-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

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SEP-4 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-982
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cassie Ruth Eller			2. Date of Birth (month) (day) (year): November 25 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshane	b. City or Town of Birth: Wardner, Idaho
FATHER	6. Full Name of Father: Charles Harrison Eller			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Minta Gertrude Gates			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Sundgrose		11. Present Address of Registrant: Brookfield, Missouri
NOTARY (Seal)	Subscribed and sworn to before me on: August 20, 1956 19	12. Signature of Notary: Katkaline Johnson		13. Notary Commission expires: Jan. 30 19 57

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Charles Harrison Eller	Date Issued: August 20, 1956	Date Orig. Entry
Class* B	Date of Birth: November 25, 1899 / Birth Place: Wardner, Idaho	Full Name of Mother	Name of Father: Charles Harrison Eller	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: New York, New York Whole Life Industrial	Date Issued	Date Orig. Entry: July 17, 1939
Class B	Date of Birth: Age 40 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: May 11, 1938	Date Orig. Entry
Class B	Date of Birth: November 25, 1899 / Birth Place: Wardner, Idaho	Full Name of Mother: Minta Gertrude Gates	Name of Father: Charles Harrison Eller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: vr Verna Reisch	Date Filed: Sept. 21, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

236-105-003-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

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APR 26 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-983
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Croxall Bloxham			2. Date of Birth (month) (day) (year): Jan.5,1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock County	b. City or Town of Birth: Downey, Idaho
FATHER	6. Full Name of Father: Thomas Joseph Bloxham			7. State or Country of Father's Birth: Kaysville, Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Alice Croxall			9. State or Country of Mother's Birth: Staffordshire England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee C. Bloxham		11. Present Address of Registrant: Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1954	12. Signature of Notary: Kelly N. Ellis		13. Notary Commission expires: July 9 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Appointment record	By whom issued and signed: Navy Department, Naval Ordnance Plant, Pocatello, Idaho	Date Issued:	Date Orig. Entry: April 16, 1951
Class* B	Date of Birth: Jan. 5, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Record	By whom issued and signed: Des Moines 7, Iowa Bankers Life Co.	Date Issued: Sept.15,54	Date Orig. Entry: Nov. 19,1931
Class B	Date of Birth: January 5, 1899 / Birth Place: Downey, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Edith D. Bloxham Luker	Date Issued: September	Date Orig. Entry: 17,1956
Class B	Date of Birth: January 5, 1899 / Birth Place: Downey, Idaho	Full Name of Mother: Harriet Alice Croxall	Name of Father: Thomas Joseph Bloxham	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Verna Reisch	Date Filed: Sept.24,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 24 1956

219-213-RECEIVED OCT 4 - 1956 Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1029
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Leona Barry		2. Date of Birth (month) Jan (day) 13 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Weippe Idaho	b. City or Town of Birth: Weippe Idaho
FATHER	6. Full Name of Father: Blufford N. Barry		7. State or Country of Father's Birth: Rushville Illinois	
MOTHER	8. Full Maiden Name of Mother: Eliza Ann Fiddler		9. State or Country of Mother's Birth: Cedar Falls Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Blanche Leona Barry	11. Present Address of Registrant: 1321-K St Sacramento, Calif. Sac Cal	
NOTARY (Seal)	Subscribed and sworn to before me on: September 24 1956	12. Signature of Notary: L. W. Olson	13. Notary Commission expires: May 6 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: California File #B-600	Date Issued: Jan. 16,	Date Orig. Entry: 1921
Class* B	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: California file #961	Date Issued: January	Date Orig. Entry: 2, 1920
Class B	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: Anna Fiddler	Name of Father: Blufford Barry
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Major Barry	Date Issued: September	Date Orig. Entry: 24, 1956
Class B	Date of Birth: January 13, 1899	Birth Place: Weippee, Idaho	Full Name of Mother: Eliza Ann Fiddler	Name of Father: Blufford N. Barry
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Verna Wilson	Date Filed: Oct. 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 6 1956

993-222-838

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 11 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1062
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Richardson		2. Date of Birth (month) March (day) 22 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genessee
FATHER	6. Full Name of Father: Richard Franklin Richardson		7. State or Country of Father's Birth: Boston, Mass.	
MOTHER	8. Full Maiden Name of Mother: Lucy Ann Southard		9. State or Country of Mother's Birth: Winslow, Maine	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Richardson Broughton	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on Oct. 9 1956	12. Signature of Notary: W. Moser	13. Notary Commission expires Aug. 19 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Ellen Wing-Sister	Date Issued:	Date Orig. Entry: Dec. 25,1904
Class* B	Date of Birth: March 22, 1899 / Birth Place: Latah Co., Idaho	Full Name of Mother: Lucy A. Southard	Name of Father: Richard F. Richardson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Ellen Richardson Wing	Date Issued: September	Date Orig. Entry: 14, 1956
Class B	Date of Birth: March 22, 1899 / Birth Place: Genesee, Idaho	Full Name of Mother: Lucy A. Southard	Name of Father: Richard F. Richardson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Los Angeles, California Beneficial Life Ins. Co.	Date Issued: 7-19-1949	Date Orig. Entry:
Class B	Date of Birth: Age 50 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. Wilson	Evidence reviewed by: VW Verna Wilson	Date Filed: Oct. 12,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

693-205-007-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP-6 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1146
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Millie May Wilkinson			2. Date of Birth (month) (day) (year): August 5 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: Arthur D. Wilkinson			7. State or Country of Father's Birth: New Cade, Indiana
MOTHER	8. Full Maiden Name of Mother: Hattie Daniels			9. State or Country of Mother's Birth: Norton, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Millie Mae Wilkinson		11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 4, 1956	12. Signature of Notary: Jack B. Turney		13. Notary Commission expires: April 4 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #74869	Date Issued: Sept.13,56	Date Orig. Entry: Dec.27,1919
Class* B	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Los Angeles,California OccidentalLife Ins.	Date Issued: 10-9-56	Date Orig. Entry: Sept. 7, 1926
Class B	Date of Birth: August 5, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Challis, Idaho Hattie D. Wilkinson	Date Issued: Oct. 12,55	Date Orig. Entry:
Class B	Date of Birth: August 5, 1899 / Birth Place: Belvue,Idaho	Full Name of Mother: Hattie Daniels Wilkinson	Name of Father: Arthur D. Wilkinson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: vr Verna Wilson	Date Filed: November 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 1956

235-230-029-267

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 25 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1167
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ollie Annette Steltz		2. Date of Birth (month) June (day) 30, (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Charles Henry Steltz		7. State or Country of Father's Birth: Wasa, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Luella Jane Swank		9. State or Country of Mother's Birth: Lincoln, Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ollie Annette Steltz Davison,	11. Present Address of Registrant: Omak, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on April 19 55	12. Signature of Notary: E. D. Gray L	13. Notary Commission expires July 11 19 57	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Luella Steltz Windiate	Date Issued: Apr. 13,	Date Orig. Entry: 1955
Class* B	Date of Birth: June 30,	Birth Place: 1899, Genesee, Idaho	Full Name of Mother: Luella Jane Swank	Name of Father: Charles Henry Steltz
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: Washington 120	Date Issued: Feb. 3, 1920	Date Orig. Entry:
Class B	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: Okanogan Washinton, County	Date Issued: Jul. 14, 1955	Date Orig. Entry: Oct. 24, 1918
Class B	Date of Birth: age 19	Birth Place: Genesee	Full Name of Mother: Luella Swank	Name of Father: Charles Steltz
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Shirley Straubhar	Nov. 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 7 1950

395-205-004-132

RECEIVED
NOV 13 1956
Division of Vital Statistics

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Lindsay			2. Date Of Birth (month) Nov. (day) 5 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Ovid
FATHER	6. Full Name of Father: Philemon Lindsay			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marintha Athay			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche Lindsay		11. Present Address of Registrant: Grace Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1956	12. Signature of Notary: Alvin R. Whitehead		13. Notary Commission expires: 6-13 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L.D.S. Bear Lake Stake, Ovid Ward	Date Issued: Oct. 31, 1956	Date Orig. Entry: Dec. 4,1899
	Date of Birth: Nov. 5, 1899	Birth Place: Ovid, Idaho	Full Name of Mother: Marintha Athay	Name of Father: Philemon Lindsay
SUPPORTING RECORD 2.	Type of Document: Daughters, birth ce rt.	By whom issued and signed: Idaho 170227	Date Issued: July 2, 1928	Date Orig. Entry:
	Date of Birth: age 28	Birth Place: Ovid, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Asa Athay	Date Issued: Nov. 16,1956	Date Orig. Entry:
	Date of Birth: Nov. 5 1899	Birth Place: Bear Lake Co. Ovid, Idaho	Full Name of Mother: Marintha Athay Lindsay	Name of Father: Philemon Lindsay
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Nov.27,1956

FORM BH 56067

Number 10

386-720-012-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 28 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1237
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGIL LAWRENCE THORNTON			2. Date of Birth (month) (day) (year): OCTOBER 20 1918
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO FALLS, BONNEVILLE	b. City or Town of Birth: IDAHO FALLS, IDAHO
FATHER	6. Full Name of Father: LAWRENCE DELOS THORNTON			7. State or Country of Father's Birth: AMERICAN FORK, UTAH
MOTHER	8. Full Maiden Name of Mother: ANNA LUELLA FARNSWORTH			9. State or Country of Mother's Birth: MONROE, SEVIER CTY — UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil L. Thornton		11. Present Address of Registrant: 176 COLLEGE, IDAHO FALLS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: March 1 1956	12. Signature of Notary: A. J. Dally		13. Notary Commission expires: Feb. 18 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: MILITARY RECORD	By whom issued and signed: ARMY OF THE UNITED STATES	Date Issued:	Date Orig. Entry: inducted Feb. 20, 1941
Class* B	Date of Birth: October 20 1918 / Birth Place: Idaho Falls Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at birth	By whom issued and signed: Fontella Hyatt	Date Issued: Nov. 27,	Date Orig. Entry: 1956
Class B	Date of Birth: Oct. 20, 1918 / Birth Place: Bonneville Co. Idaho Falls, Ida.	Full Name of Mother: Anna Luella Farnsworth	Name of Father: Laurence Delos Thornton	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Business Men's Assurance Company of America	Date Issued: Feb. 10,	Date Orig. Entry: 1950
Class B	Date of Birth: Oct. 20, 1918 / Birth Place: Bonneville Co. Idaho Falls, Ida.	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: bw Shirley Straubhar		Date Filed: Dec. 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 5 [redacted]

993-206-022-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1266
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amanda Richards		2. Date of Birth (month) January (day) 6 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: Twin Groves
FATHER	6. Full Name of Father: William Ralph Richards		7. State or Country of Father's Birth: N. Ogden Utah.	
MOTHER	8. Full Maiden Name of Mother: Selina Hathaway		9. State or Country of Mother's Birth: N. Ogden Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amanda Richards	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 19 1956	12. Signature of Notary: Jack A Stone By Maudie [illegible]	13. Notary Commission expires: Elective 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Johanna F. Hathaway	Date Issued: Oct, 19,	Date Orig. Entry: 1956
Class* B	Date of Birth: Jan. 6, 1899 / Birth Place: Twin Groves, Idaho	Full Name of Mother: Selina Hathaway	Name of Father: William Ralph Richards	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Association	Date Issued: Jan. 14,	Date Orig. Entry: 1943
Class B	Date of Birth: Jan. 6, 1899 / Birth Place: Twin Grooves, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Daughter's Birth Certificate	By whom issued and signed: Idaho #De56-1265	Date Issued: Dec. 12, 1956	Date Orig. Entry: 3/23/1945
Class B	Date of Birth: age 23 / Birth Place: Twin Groves, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Dec.12,1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

433-216-035-439

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 15 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1308
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Annabelle McLeod		2. Date of Birth (month) July (day) 16 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nezperce	b. City or Town of Birth: Leland
FATHER	6. Full Name of Father: Donald McLeod		7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Ellen McIver		9. State or Country of Mother's Birth: Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle A. MacPherson	11. Present Address of Registrant: Nezperce, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 14 1956	12. Signature of Notary: Lawrence Hurtgen Probate Judge	13. Notary Commission expires: — 19 —	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Census Report	By whom issued and signed: Dept. of Commerce	Date Issued: June 1,1900	Date Orig. Entry
Class* A	Date of Birth: July, 1899 age 10 mo. / Birth Place: Idaho	Full Name of Mother: Ellen McLeod	Name of Father: Donald McLeod	
SUPPORTING RECORD 2.	Type of Document: School Report	By whom issued and signed: Mary Ellen McLeed County School Superinten.	Date Issued: Oct. 1, 1956	Date Orig. Entry: Sept. 1919
Class B	Date of Birth: age 20 / Birth Place:	Full Name of Mother:	Name of Father: Donald McLeod	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Norman McLeod	Date Issued: Dec. 15, 1956	Date Orig. Entry
Class B	Date of Birth: July 16, 1899 / Birth Place: Leland, Idaho	Full Name of Mother: Ellen McLeod	Name of Father: Donald McLeod	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: SS Shirley Straubhar	Date Filed: Dec.31,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

385-221-038-696

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-060
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Ramona Thebo.		2. Date of Birth (month) Sept. (day) 21 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Payette Idaho	a. County: Payette.
			b. City or Town of Birth	
FATHER	6. Full Name of Father: George Thomas Thebo.		7. State or Country of Father's Birth: Canyon City, Oregon.	
MOTHER	8. Full Maiden Name of Mother: Mattie Froman.		9. State or Country of Mother's Birth: Vale, Oregon.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Ramona Thebo (Smersh)	11. Present Address of Registrant: 1030-37-No. Seattle 2, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1957	12. Signature of Notary: E. A. Christensen	13. Notary Commission expires: July 18 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Helga Larson-Teacher	Date Issued:	Date Orig. Entry: Dec. 22, 1911
Class* B	Date of Birth: Age12 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Addie Thebo Smith	Date Issued: June 19, 1956	Date Orig. Entry:
Class	Date of Birth: September 21, 1899 / Birth Place: Payette, Idaho	Full Name of Mother: Mattie Froman	Name of Father: George Thomas Thebo	
SUPPORTING RECORD 3.	Type of Document: Photostatic copy of Original Social Security Application	By whom issued and signed: Treasury Department	Date Issued: July 28, 1935	Date Orig. Entry:
Class	Date of Birth: September 21, 1899 / Birth Place: Payette, Idaho	Full Name of Mother: Mattie Froman	Name of Father: George T. Thebo	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. H. Berger	Evidence reviewed by: jm Shirley Cooper	Date Filed: January 25, 1957	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 25 1957

681-201-025-46

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-117
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Axuanne Wyatt		2. Date of Birth (month) August (day) 1 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Tolo
FATHER	6. Full Name of Father: Christopher Columbus Wyatt		7. State or Country of Father's Birth: Illinois, U. S. A.	
MOTHER	8. Full Maiden Name of Mother: Cornelia Morgan (Wyatt)		9. State or Country of Mother's Birth: Missouri, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys A. Waldman (Mrs Wyatt)	11. Present Address of Registrant: 1323-18 Ave. N. W., Calgary, Alberta	
NOTARY (Seal) CALGARY	Subscribed and sworn to before me on JAN. 30th 1957	12. Signature of Notary: Peter L[illegible]	13. Notary Commission expires: My Commission Expires On The 31st Day Of Dec. 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License		By whom issued and signed: Province of Alberta, Canada #10623	Date Issued:	Date Orig. Entry: 11-20-1922
Class* B	Date of Birth: age 23	Birth Place: Tolo, Idaho	Full Name of Mother: Cornelia Morgan	Name of Father: Christopher Columbus Wyatt	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister		By whom issued and signed: Myrtle L. Thompson	Date Issued: 12-3-41	Date Orig. Entry:
Class B	Date of Birth: Aug. 1, 1899	Birth Place: Tolo, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Canadian Entrance Record		By whom issued and signed: Dept. of Citizenship & Immigration-Kingsgate, B.C.	Date Issued: 10-2-56	Date Orig. Entry: 4-10-1910
Class B	Date of Birth: age 10	Birth Place: Idaho	Full Name of Mother:	Name of Father: Columbus C. Wyatt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Straubhar	Date Filed: Feb. 8, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 6 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT — 1. Full name at birth: Christopher Wyatt
2. Date of birth (month, day, year): April 1, 1900
3. Place of birth: Ferrie, Idaho County, Idaho
4. Sex: M
5. Color or race: White
6. City or town of birth: Ia
7. Full name of father: Christopher Columbus Wyatt
8. State or country of father's birth: Illinois, U. S. A.
9. Full maiden name of mother: Cornelia Norman Wyatt
10. State or country of mother's birth: Missouri, U.S.A.
11. Present address of applicant: Star Rte. 1, Box 4, Emery Airport
12. Signature of registrant: [illegible]

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
Subscribed and sworn to before me on [illegible]
13. Signature of Notary
14. Notary Commission expires

SUPPORTING RECORD 1. Type of document: Driver's License
Date of birth: [illegible] Birth place: Ferrie, Idaho
Full name of Mother: [illegible]
By whom issued: Province of Alberta, Canada
Date issued: 11-20-1922
Name of Father: Wyatt

SUPPORTING RECORD 2. Type of document: Affidavit by Sister
Date of birth: [illegible] Birth place: Ferrie, Idaho
Full name of Mother: [illegible]
By whom issued and signed: Myrtle L. Thompson
Date issued: 12-2-41
Name of Father: [illegible]

SUPPORTING RECORD 3. Type of document: Canadian Passport
Date of birth: [illegible] Birth place: Idaho
Full name of Mother: [illegible]
By whom issued and signed: Dept. of Citizenship & Immigration-Ottawa, P.Q.
Date issued: 10-2-54
Date exp. 4-10-1960
Name of Father: Columbus C. Wyatt

QUALIFYING IDENTIFICATION

I certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: [illegible]
Evidence reviewed by: Shirley Stevenson
Date filed: Feb. 6, 1957

Subscribed and taken before me this [illegible] day of [illegible], 19[illegible]
Notary Public
Date of Record: [illegible] (Date made after the fourth birthday but not at least 5 years old.)

219-205-016-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-119
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Barker, LeOra.			2. Date of Birth (month) July (day) 5 (year) 1899
	3. Color or Race: White.	4. Sex: FeMale	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Elba
FATHER	6. Full Name of Father: Alonzo John Barker.			7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Stauffer.			9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LeOra Barker		11. Present Address of Registrant: 156 N.1st.East.Brigham,Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 2 1956	12. Signature of Notary: Morris L Hanks		13. Notary Commission expires: March 10 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: L.D.S. Brigham 4th Ward Clark Rasmussen-Bishop	Date Issued: July 30, 1956	Date Orig. Entry: July 6,1899
Class* A	Date of Birth: July 5, 1899 / Birth Place: Cassia County, Elba, Idaho	Full Name of Mother: Elizabeth Stauffer	Name of Father: Alonzo John Barker	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Maud Beecher	Date Issued: 2-4-57	Date Orig. Entry:
Class B	Date of Birth: July 5, 1899 / Birth Place: Elba, Idaho	Full Name of Mother: Elizabeth Stauffer	Name of Father: Alonzo John Barker	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: American National Insurance Company	Date Issued: 7-27-37	Date Orig. Entry:
Class B	Date of Birth: July 5, 1899 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: SS Shirley Straubhar		Date Filed: Feb. 8, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

FILED

618-217-029-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-158

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Aletha Way			2. Date of Birth (month) June (day) 17 (year) 1899
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Latah	b. City or Town of Birth: born in the country
FATHER	6. Full Name of Father: Thomas Sherman Way			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lora Ann Kenyon			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Aletha Way		11. Present Address of Registrant: Craigmont, Idaho
NOTARY (Seal).	Subscribed and sworn to before me on: February 12 19 57	12. Signature of Notary: Robert Strom		13. Notary Commission expires: October 17 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U. S. Census Report	By whom issued and signed: Dept. of Commerce	Date Issued: 10-10-55	Date Orig. Entry: June 1, 1900
	Date of Birth: June, 1899	Birth Place: Idaho	Full Name of Mother: Lora Way	Name of Father: Thomas S. Way
SUPPORTING RECORD 2.	Type of Document: Affidavit by Brother	By whom issued and signed: Kyle S. Way	Date Issued: 1-31-57	Date Orig. Entry:
	Date of Birth: June 17, 1899	Birth Place: Latah County, Idaho	Full Name of Mother: Lora Ann Kenyon	Name of Father: Thomas Sherman Way
SUPPORTING RECORD 3.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #81866	Date Issued: 6-18-41	Date Orig. Entry: Child born 7-16-1920
	Date of Birth: age 21	Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Straubhar	Feb. 18, 1957

FORM BH 56067

635-213-029-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-197

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WINAFRED MABLE FLEENER		2. Date of Birth (month) April (day) 13 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: MOSCOW, IDAHO LATAH	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Jonathan Henry Fleener		7. State or Country of Father's Birth: Scio, Oregon	
MOTHER	8. Full Maiden Name of Mother: Alice Careen Fleener		9. State or Country of Mother's Birth: Eugene, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winfred Strong	11. Present Address of Registrant: 507 N. 4 Pasco Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 11, 1957	12. Signature of Notary: Leo F. Stoualter	13. Notary Commission Expires: Feb. 10, 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Alice Careen Fleener	Date Issued: 10-6-45	Date Orig. Entry:
	Date of Birth: Apr. 13, 1899 / Birth Place: Latah County Moscow, Idaho	Full Name of Mother: Alice Careen Fleener	Name of Father: Jonathan Henry Fleener	
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Cert.	By whom issued and signed: California #22-055248	Date Issued: 1-18-57	Date Orig. Entry: Child born 8-29-22
	Date of Birth: age 23 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Clark Co. Common Schools Vancouver, Washington	Date Issued: 2-4-57	Date Orig. Entry: 5-1-1912
	Date of Birth: Apr. 13, 1899 / Birth Place:	Full Name of Mother: Mrs. E. H. Sparks	Name of Father: Mr. E. H. Sparks	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Denoon	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Feb. 28, 1957

FORM BH 56067

FEB 24 1981

8 1964

369-220-04-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-223
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street address or R. F. D. No. 412 13 ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ~~6 yrs~~ Days
In THIS County 6 years 6 months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Ida (b) County Canyon
(c) City Nampa
(d) Street address or R. F. D. No. 412 13 ave
(e) How long has MOTHER lived in Idaho? 6 yrs yrs.
(f) Mother's mailing address (for registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Josephine Mary Cornilles

5. DATE OF BIRTH (Month, day, year) Sept 20 1899

6. Sex Fem. 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Cornilles
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Penn.
(City or Town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Rail Road

MOTHER OF CHILD

16. FULL MAIDEN NAME Evalene McLaughlin
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Peoria Ill
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Was a standard serological test for syphilis performed? Yes ____ No X Approximate date —
23. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag. Nit.
24. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Cornilles (First name) (Last name), who is related to this child as Mother (Mother, etc.).

27. (a) March 7, 1957 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's OWN signature J. H. Murray, M. D. (D.O., Midwife, etc.)
and address Nampa Ida Date Feb 28 1957

LOCAL REGISTRATION OF BIRTHS

MAR 7 1957

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced? no

(c) State all operations for delivery none

(d) Did baby have any:

(1) Congenital Malformation? none

Describe: —

(2) Birth Injury? none

Describe: —

(e) Signature of Physician:

J. H. Murray M.D.

DELAYED

493-206-014-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-242

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet May Miller			2. Date of Birth (month) December (day) 6, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William Henry Miller			7. State or Country of Father's Birth: Boston, Massachusetts
MOTHER	8. Full Maiden Name of Mother: Alice Anete Mullinix			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet May Brewer		11. Present Address of Registrant: 1504 Lemp St Boise
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1957	12. Signature of Notary: W W Benson		13. Notary Commission expires: July 31 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: Idaho Candy Co.	Date Issued: 10-1934	Date Orig. Entry:
	Date of Birth: Dec. 6, 1899	Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Son's Birth Cert.	By whom issued and signed: Idaho #150175	Date Issued: 7-18-1944	Date Orig. Entry: Child born 2-26-1927
	Date of Birth: age 27	Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Alice Osborn	Date Issued: 3-9-57	Date Orig. Entry:
	Date of Birth: Dec. 6, 1899	Birth Place: Canyon County, Caldwell, Idaho	Full Name of Mother: Alice Anete Mullinix	Name of Father: William Henry Miller
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Shirley Straubhar		Date Filed: Mar. 9, 1957

FORM BH 56067

JAN 31 1966

MAR 11

MAR 11 1957

313-204-006-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-386

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Catron			2. Date Of Birth (month) June (day) 4 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Peter Hoppus Catron			7. State or Country of Father's Birth: Tazwell County, Virginia
MOTHER	8. Full Maiden Name of Mother: Malinda Catherine Hill			9. State or Country of Mother's Birth: Mendon, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Hill		11. Present Address of Registrant: Butte, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 5, 1957	12. Signature of Notary: Evan Thibodeau		13. Notary Commission expires: July 30, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: 5-29-30	Date Orig. Entry:
	Date of Birth: June 4, 1899 / Birth Place: Shelley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Lodge Record Petition for Membership	By whom issued and signed: Silver Leaf Rebekah Lodge #10 Montana	Date Issued:	Date Orig. Entry: 9-1-47
	Date of Birth: June 4, 1899 / Birth Place: Shelley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY OLDER SISTER Age 67	By whom issued and signed: Malinda C. Clark	Date Issued: 3-25-1957	Date Orig. Entry:
	Date of Birth: June 4, 1899 / Birth Place: Shelly, Idaho	Full Name of Mother: Malinda Katherine Hill	Name of Father: Peter Hoppis Catron	
QUALIFYING INFORMATION	Type of Document: Daughter's Birth Cert.	By Whom Issued: Idaho #59732	Date Issued: Child born 2-11-1918	
	age at time of birth-18	Birth place: Shelley, Idaho		
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: ss Joyce B. Foltz		Date Filed: April 10, 1957

FORM BH 56067

1 copy paid

APR 11 1967

295-209-007-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-419

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene King		2. Date Of Birth (month) August (day) 9 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Moore (Lost River) Idaho
FATHER	6. Full Name of Father: James King		7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Marion Beverland		9. State or Country of Mother's Birth: America	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene King Green	11. Present Address of Registrant: 1551 E. Clark, Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 14 1958	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires Feb. 10 1958 Notary Public of Idaho, Residing at Pocatello, Ida.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born 12-16-1885)	By whom issued and signed: Josie King Waddoups	Date Issued: 2-21-57	Date Orig. Entry:
	Date of Birth: Aug. 9, 1899	Birth Place: Moore, Idaho	Full Name of Mother: Marion Beverland King	Name of Father: James King
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: LDS Church Salt Lake City, Utah	Date Issued: 4-4-57	Date Orig. Entry: Aug. 5, 1900
	Date of Birth: Aug. 9, 1899	Birth Place: Blaine County Lost River, Ida.	Full Name of Mother: Marion Beverland	Name of Father: James King
SUPPORTING RECORD 3.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: Oct. 8, 1942
	Date of Birth: Aug. 9, 1899	Birth Place: Blaine County Moore, Idaho	Full Name of Mother: Marion Beverland	Name of Father: James King
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D. L. Benson	Evidence reviewed by: Nancy Richards	Date Filed: April 17, 1957	

FORM BH 56067

1 copy paid

APR 18 1957

495-115-036-856

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-428

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard David Dredge			2. Date of Birth (month) (day) (year): September 15 1899
	3. Color or Race: Wh	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Richard Henry Dredge			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ester Merrilla Heward Dredge			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard David Dredge		11. Present Address of Registrant: Rt 3 Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1957	12. Signature of Notary: Lloyd Christensen		13. Notary Commission expires: Mar 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents	By whom issued and signed: Esther Heward Dredge, Richard Henry Dredge	Date Issued: 4-28-1957	Date Orig. Entry:
	Date of Birth: Sept. 15, 1899 / Birth Place: Malad, Idaho	Full Name of Mother: Ester Merrilla Heward	Name of Father: Richard Henry Dredge	
SUPPORTING RECORD 2.	Type of Document: Church Records	By whom issued and signed: L. D. S. Church, Fremont Stake Newdale Ward	Date Issued: February 16, 1920	Date Orig. Entry:
	Date of Birth: Sept. 15, 1899 / Birth Place: Malad, Idaho	Full Name of Mother: Ester M. Heward	Name of Father: Richard H. Dredge	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Company - Salt Lake City, Utah	Date Issued:	Date Orig. Entry: Sept. 23, 1915
	Date of Birth: Sept. 15, 1899 / Birth Place: Malad, Idaho	Full Name of Mother: Esther M. Dredge	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Benson	Evidence reviewed by: Shirley Cooper		Date Filed: April 19, 1957

FORM BH 56067

APR 22 1967

817-229-030-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-454

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daisy Lilly Hagel			2. Date of Birth (month) September (day) 29 (year) 1899
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Salmon, Idaho Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Franklin Charles Hagel			7. State or Country of Father's Birth: unknown
MOTHER	8. Full Maiden Name of Mother: Matilda Viola Harris			9. State or Country of Mother's Birth: unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daisy L. Hagel		11. Present Address of Registrant: 295 South Elma Ave., Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1957	12. Signature of Notary: Allen R. Gordon		13. Notary Commission expires: March 4 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Marion County, Portland, Oregon	Date Issued: 3-5-57	Date Orig. Entry: 11-4-1917
	Date of Birth: age 18 yrs. 1 mo. 4 days	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: age 70 Affidavit by brother	By whom issued and signed: Elmer R. Hagel	Date Issued: 3-19-57	Date Orig. Entry:
	Date of Birth: Sept. 29, 1899	Birth Place: Lemhi County Salmon, Ida.	Full Name of Mother: Matilda Harris Hagel	Name of Father: Franklin Charles Hagel
SUPPORTING RECORD 3.	Type of Document: Insurance record	By whom issued and signed: Metropolitan Life Ins. Co. San Francisco, Calif.	Date Issued: 3-11-57	Date Orig. Entry: May 1, 1946
	Date of Birth: Sept. 29, 1899	Birth Place: Salmon, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: SS Nancy Richards		Date Filed: April 24, 1957

FORM BH 56067

APR 25 1957

433-209-014-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 57-501

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith May McLaughlin			2. Date of Birth (month) October (day) 9, (year) 1899
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Notus, Idaho
FATHER	6. Full Name of Father: HEZEKIAH IRA McLAUGHLIN			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: CARRIE MAUDE STAFFORD			9. State or Country of Mother's Birth: Wichita, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith May McLaughlin		11. Present Address of Registrant: Route 1, Nyssa, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1957	12. Signature of Notary: Phoebe J. McGrath		13. Notary Commission expires: Notary Public Residing at Boise, Idaho. My Commission expires August 6, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Grandmother Anna Parkhurst Stafford	Date issued: Obviously old 1899	Date Orig. Entry: Original Viewed in this office
	Date of Birth: Oct. 9, 1899	Birth Place: Notus	Full Name of Mother: Hezekiah Ira McLaughlin	Name of Father: Carrie Maude Stafford
SUPPORTING RECORD 2.	Type of Document: Son's birth certificate	By whom issued and signed: Idaho #89306	Date issued: Child's birth date June 11,	Date Orig. Entry: 1920
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Idaho M. Collins	Date issued: May 9, 1957	Date Orig. Entry:
	Date of Birth: 4-9-1877	Birth Place: Wichita, Kansas	Full Name of Mother: Anna Lucy Parkhurst	Name of Father: George D. Stafford
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Gladys M. Snook		Date Filed: May 9, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 59-102

MAY 10 1967

CHILD (Person whose birth is being registered)	1. Child's Full Name at Birth: Edith May McLaughlin		2. Date of birth: October 5, 1899 (month) (day) (year)
	3. Sex: F.	4. Place of birth: Boise, Idaho	5. County: Ada
			6. City or Town of birth: Boise
FATHER	7. Full name of father: [illegible] McLaughlin		8. State or Country of Father's Birth: Ireland
MOTHER	9. Full Maiden name of Mother: Annie Mae Hammond		10. State or Country of Mother's Birth: Illinois, Illinois
AFFIDAVIT	I, [illegible] swear upon oath that the facts stated herein are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Boise, Ada, Oregon
NOTARY	Subscribed and sworn to before me on [illegible] 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of document: Amended Birth Certificate	By whom issued and signed: [illegible]	Date issued: [illegible]	Date orig. Cert. Filed: [illegible]
Name of Firm: [illegible]	Birth Place: Boise	Full name of Mother: [illegible]	Name of Father: Carrie Maude [illegible]
Type of Document: [illegible] Certificate	By whom issued and signed: Idaho #89906	Date issued: [illegible]	Date orig. Cert. Filed: Child's birth date Year 1899
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document: [illegible] Record	By whom issued and signed: [illegible]	Date issued: May 5, 1967	Date orig. Cert. Filed: [illegible]
Date of Birth: [illegible]	Birth Place: Nebraska, Nebraska	Full Name of Mother: Anna Lucy [illegible]	Name of Father: George W. [illegible]

CERTIFICATION: Search of Delayed Birth Certificate has been found in the Division of Vital Statistics for this Department of Public Health and no prior birth certificate has been found in the Division of Vital Statistics for this Department of Public Health and documentary evidence has been received, which substantiates the facts as set forth in the Delayed Birth Certificate.

Date of Search: [illegible]	Evidence reviewed by: Audrey W. Smith	Date Filed: May 5, 1967

618-221-025-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-502

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Muriel Cecil Waymire			2. Date of Birth (month) (day) (year): August 21, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Mt. Idaho
FATHER	6. Full Name of Father: John Waymire			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Jennie Christina Palmehn			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Muriel C. Schlicker		11. Present Address of Registrant: 1610 So Lancaster Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1957	12. Signature of Notary: Hazel L. Hurlbert.		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Mother	Date Issued: Viewed by Vital Stat. Appears very old & worn	Date Orig. Entry
	Date of Birth: August 21, 1899 / Birth Place: Idaho	Full Name of Mother: Jennie Christina Palmehn	Name of Father: John Waymire	
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #111592	Date Issued: Child's Birthdate May 20, 1923	Date Orig. Entry
	Date of Birth: Age 23 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Evangelical Lutheran Salem, Oregon	Date Issued: June 16, 1933	Date Orig. Entry
	Date of Birth: August 21, 1899 / Birth Place: Idaho County, Idaho	Full Name of Mother: Jennie Christina Waymeyer	Name of Father: John Waymeyer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Cooper	May 13, 1957

FORM BH 56067 1 Copy pd

MAY 14 1957

652-219.033-499

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-506

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Elizabeth Westover			2. Date Of Birth (month) December (day) 19 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: William Ruthvin Westover			7. State or Country of Father's Birth: Mundon Utah
MOTHER	8. Full Maiden Name of Mother: Ruth Althea Rowe Driggs Idaho			9. State or Country of Mother's Birth: Paravan Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle W. Ard		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1957	12. Signature of Notary: Inez A. Strong		13. Notary Commission expires: March 2 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: LDS Church, Driggs, Idaho	Date Issued: 5-2-57	Date Orig. Entry: May 2, 1908
	Date of Birth: Dec. 19, 1899	Birth Place: Madison Co. Rexburg, Idaho	Full Name of Mother: Ruth A. Rowe	Name of Father: William Ruthvin Westover
SUPPORTING RECORD 2.	Type of Document: born 8-8-88 Affidavit by brother	By whom issued and signed: Floyd D. Westover	Date Issued: 4-22-57	Date Orig. Entry:
	Date of Birth: Dec. 19, 1899	Birth Place: ---	Full Name of Mother: Ruth Althea Rowe Westover	Name of Father: William Ruthvin Westover
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: 8-12-48	Date Orig. Entry: 8-12-48
	Date of Birth: Dec. 19, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Benson	Nancy Richards	May 15, 1957

FORM BH 56067 1 copy Paid

MAY 1 6 1967

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966-120-016-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-723

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dell D. Rowe			2. Date of Birth (month) Sept. (day) 20 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Albion, Cassia Co.	b. City or Town of Birth: ALBION, IDAHO
FATHER	6. Full Name of Father: Marion S. Rowe			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Laura A. Mahoney			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dell D. Rowe		11. Present Address of Registrant: Albion, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 1, 19 57	12. Signature of Notary: Henry H. Tucker		13. Notary Commission expires June 1, 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U. S. Census Report	By whom issued and signed: U. S. Dept. Commerce Bureau of Census	Date Issued: 9-18-56	Date Orig. Entry: 6-1-1900
	Date of Birth (age 8 mos.) Sept. 1899	Birth Place: Idaho	Full Name of Mother: Laura A. Rowe	Name of Father: Marion S. Rowe
SUPPORTING RECORD 2.	Type of Document: Son's birth certificate Idaho # 115014	By whom issued and signed:	Date Issued: 3-8-57	Date Orig. Entry: Child born 8-26-26
Class B	Date of Birth: Age 26	Birth Place: Albion, Id.	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Social Security Administration	Date Issued:	Date Orig. Entry: Feb. 9. 1937
	Date of Birth: Sept. 20, 1899	Birth Place: Cassia Co. Albion, Idaho	Full Name of Mother: Laura A. Mahoney	Name of Father: Marion S. Rowe
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Benson	Nancy Richards	July 15, 1957

FORM BH 56067

1 copy paid

JUL 15 1957

Dell D. Howe

Sept. 20 1899

White Male Albion, Cassia Co., ALBION, IDAHO

Marion S. Howe

Laura A. Mahoney

Albion, Idaho

June 1, 1897

U. S. Dept. Commerce Bureau of Census

5-1-1930

Idaho Laura A. Howe Marion S. Howe

Idaho

Age 22 Albion, Id.

Class B

Idaho

3-8-57 8-2-26

459-219-003-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-758

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Mary Merchant			2. Date of Birth (month) March (day) 19 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello, Bannock	b. City or Town of Birth: [redacted] Idaho
FATHER	6. Full Name of Father: Alfred W. Merchant			7. State or Country of Father's Birth: [redacted] New York
MOTHER	8. Full Maiden Name of Mother: Elizabeth Mary Bremm			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Mary Merchant (Mrs)		11. Present Address of Registrant: 549 Rural. Bellingham Wash.
NOTARY (Seal) J. P. Kane Fin. ref in Mary	Subscribed and sworn to before me on: July 15 1957	12. Signature of Notary Public: J. Fred Kelly Magistrate Township Whatcom Co. Washington		13. Notary Commission expires: January 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Merchant	Date Issued: 7-15-57	Date Orig. Entry:
	Date of Birth: March 19, 1899	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Elizabeth Bremm Merchant	Name of Father: Alfred W. Merchant
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Whatcom County Bellingham, Washington	Date Issued: 5-31-57	Date Orig. Entry: May, 1908
	Date of Birth: March 19, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: Alfred Merchant
SUPPORTING RECORD 3.	Type of Document: Registration Record	By whom issued and signed: Whatcom Bounty Auditor Bellingham, Washington	Date Issued: 5-31-57	Date Orig. Entry: Aug. 5, 1936
	Date of Birth: March 19, 1899	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Bowman	Evidence reviewed by: Nancy Richards	Date Filed: July 24, 1957

FORM BH 56067

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141-209-007-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-811

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Arlene Adams		2. Date of Birth (month) August (day) 9 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bellevue, Ida. Blaine	b. City or Town of Birth: Bellevue, Idaho
FATHER	6. Full Name of Father: Henry William Adams		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Dollie Emma Morgan		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty Adams	11. Present Address of Registrant: 768 N. Huntington Blvd., Pomona, California	
NOTARY (Seal)	Subscribed and sworn to before me on Aug. 3 1957	12. Signature of Notary: Charlotte J. Reed	13. Notary Commission expires: My Commission Expires May 25, 1958 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Dollie Emma Morgan Adams	Date Issued: 8-3-57	Date Orig. Entry:
	Date of Birth: Aug. 9, 1899 / Birth Place: Blaine County Bellevue, Idaho	Full Name of Mother: Dollie Emma Morgan Adams	Name of Father: Henry William Adams	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 5, 1936
	Date of Birth: Aug. 9, 1899 / Birth Place: Bellevue, Idaho	Full Name of Mother: Dollie Emma Morgan	Name of Father: Henry William Adams	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Health & Accident Assoc.	Date Issued: 4-21-42	Date Orig. Entry: Apr. 10, 1942
	Date of Birth: Aug. 9, 1899 / Birth Place: Idaho	Full Name of Mother: Dolly Emma Adams	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bowen	Evidence reviewed by: Nancy Richards	Date Filed: August 12, 1957

FORM BH 56067

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AUG 13 1957

236-126-003-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-814

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ISAAC BLOXHAM			2. Date of Birth (month) NOVEMBER (day) 26, (year) 1899
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: DOWNEY
FATHER	6. Full Name of Father: ERASTUS Z. BLOXHAM			7. State or Country of Father's Birth: DOWNEY, IDAHO
MOTHER	8. Full Maiden Name of Mother: SARAH MAY WAKLEY			9. State or Country of Mother's Birth: DOWNEY, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Isaac Bloxham		11. Present Address of Registrant: R.3. Twin Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 1957	12. Signature of Notary: Hazel L. Hurlbert.		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: on file Vital Statistics Idaho #184547	Date Issued:	Date Orig. Entry: Child born Sept 24,1930
	Date of Birth: Age 30	Birth Place: Downey, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Sarah May Bloxham	Date Issued: March 13,1957	Date Orig. Entry:
	Date of Birth: Nov 26,1899	Birth Place: Downey, Idaho	Full Name of ~~Mother~~ Father: Erastus Z. Bloxham	Name of ~~Father~~ Mother: Sarah May Wakley
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assn Policy # 45534-Y ,Pocatello	Date Issued: May 5,1948	Date Orig. Entry: Policy issued May 5, 1948
	Date of Birth: Nov 26,1899	Birth Place: Downey, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Aug 13,1957

FORM BH 56067

AUG 13 [illegible]

413-209-003-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-905
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vida Pearl Malmstrom			2. Date of Birth (month) (day) (year): Jan. 9 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cottonwood Bannock Co.	b. City or Town of Birth: Cottonwood Idaho.
FATHER	6. Full Name of Father: Ariel Joshua Malmstrom.			7. State or Country of Father's Birth: Skull Valley Tooele Co. Utah.
MOTHER	8. Full Maiden Name of Mother: Bertha Pearl Kendall.			9. State or Country of Mother's Birth: Springville Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vida Pearl Cornwall		11. Present Address of Registrant: 144 Wm. Rd. Emmett Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: September 9 1957	12. Signature of Notary: B. V. Jappan		13. Notary Commission expires: October 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Baptism or Blessing	By whom issued and signed: L. D. S. Church Emmett, Idaho	Date Issued: 7-16-57	Date Orig. Entry: Baptism Sept. 28, 1907
Class*	Date of Birth: Jan. 9, 1899 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Bertha Pearl Kendall	Name of Father: Ariel J. Malstrom	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Bertha Malmstrom - Mother	Date Issued: 8-30-57	Date Orig. Entry:
Class	Date of Birth: Jan. 9, 1899 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Bertha Pearl Kendall	Name of Father: Ariel Joshua Malmstrom	
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #79878	Date Issued: April 14, 1920	Date Orig. Entry: Child's Birthdate
Class	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Bowman	Shirley Cooper	Sept. 10, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

465-119-019-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1049
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDWIN EARL MONROE			2. Date of Birth (month) July (day) 19 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Custer City	b. City or Town of Birth: Custer City
FATHER	6. Full Name of Father: James Monroe			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Hulda Giese			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Earl Monroe		11. Present Address of Registrant: R F D # 1 Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on August 29, 19 57	12. Signature of Notary: [illegible]		13. Notary Commission expires: Feb. 4, 1961 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 9-23-57	Date Orig. Entry: Jan. 1, 1920
Class* B	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: as of 6-1-1900 census Huldah Monroe	Name of Father: as of June 1, 1900 census James Monroe	
SUPPORTING RECORD 2.	Type of Document: Service Record--draft registration		By whom issued and signed: (East Point, Georgia) Federal Records Center	Date Issued: 8-30-57	Date Orig. Entry: Sept. 12, 1918
Class B	Date of Birth: July 19, 1899	Birth Place: Custer City, Idaho	Full Name of Mother: Hulda Monroe	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: American Nat'l. Ins. Co.	Date Issued:	Date Orig. Entry: May 27, 1941
Class B	Date of Birth: July 19, 1899	Birth Place: Custer, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 1, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 1997

388-111-040-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Hennessy Thyne		2. Date of Birth (month) November (day) 11 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Murray, Idaho
FATHER	6. Full Name of Father: John Thyne		7. State or Country of Father's Birth: Boston, Massachusetts	
MOTHER	8. Full Maiden Name of Mother: Mary Bath		9. State or Country of Mother's Birth: Redruth, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Hennessy Thyne	11. Present Address of Registrant: P. O. Box 455 Kellogg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 29 1957	12. Signature of Notary: Wendell R. Brainard	13. Notary Commission expires: April 3 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: Bunker Hill & Sullivan Mining & Concentrating Co.	Date Issued:	Date Orig. Entry: March 14, 1941
	Date of Birth: Nov. 11, 1899	Birth Place: Shoshone Co. Murray, Idaho	Full Name of Mother: Mary Bath	Name of Father: John Thyne
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #189759	Date Issued:	Date Orig. Entry: child born Jan. 18, 1931
	Date of Birth: age 31	Birth Place: Murray, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 28, 1936
	Date of Birth: Nov. 11, 1899	Birth Place: Shoshone Co. Murray, Idaho	Full Name of Mother: Mary Bath	Name of Father: John Thyne
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Jenson	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 7, 1957

FORM BH 56067 1 copy paid

NOV 8 [redacted] VON

231-224-031-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1085
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Hazel Stanton			2. Date Of Birth (month) (day) (year): September 24, 1899
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Nez Perce
FATHER	6. Full Name of Father: James Thomas Stanton			7. State or Country of Father's Birth: Springfield, Illinois
MOTHER	8. Full Maiden Name of Mother: Hattie Lenora Riley			9. State or Country of Mother's Birth: Avoca, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Hazel Stanton Fiske		11. Present Address of Registrant: 614 N. 6th St. Walla Walla Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: September 5 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: July 1, 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Hattie Lenora Stanton	Date issued: 9-5-57	Date Orig. Entry:
Class* B	Date of Birth: Sept. 24, 1899 / Birth Place: Lewis County NezPerce, Idaho	Full Name of Mother: Hattie Lenora Stanton	Name of Father: James Thomas Stanton	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: March 24, 1943
Class B	Date of Birth: Sept. 24, 1899 / Birth Place: Lewis Co. Nesperce, Idaho	Full Name of Mother: Hattie Lenora Riley	Name of Father: James Thomas Stanton	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Clatsop Co., Astoria, Oregon	Date issued: 9-30-57	Date Orig. Entry: July 5, 1918
Class B	Date of Birth: age 18 yrs., 9 mos., 12 days / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: Nov. 15, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 13 1997

539-207-015-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1094

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Louise Eliason			2. Date Of Birth (month) February (day) 7, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Jacob Eliason			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Carrie Isabel Glauner			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Louise Sevey		11. Present Address of Registrant: Hagerman, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1957	12. Signature of Notary: Hazel L. Hurlbert.		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of this birth	By whom issued and signed: Rose May Sortor - who was born 11-26-1883	Date Issued: June 16, 1956	Date Orig. Entry
	Date of Birth: Feb. 7, 1899	Birth Place: Soda Springs	Full Name of Mother: Carrie Glauner	Name of Father: Jacob Eliason
SUPPORTING RECORD 2.	Type of Document: Petition for Membership Rebekah Lodge	By whom issued and signed: Rebekah Lodge No. 45	Date Issued:	Date Orig. Entry: March 25, 1926
	Date of Birth: Feb. 7, 1899	Birth Place: Soda Springs, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Benedict's Hospital Jerome, Idaho	Date Issued:	Date Orig. Entry: Dec. 13, 1943
	Date of Birth: age 44	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

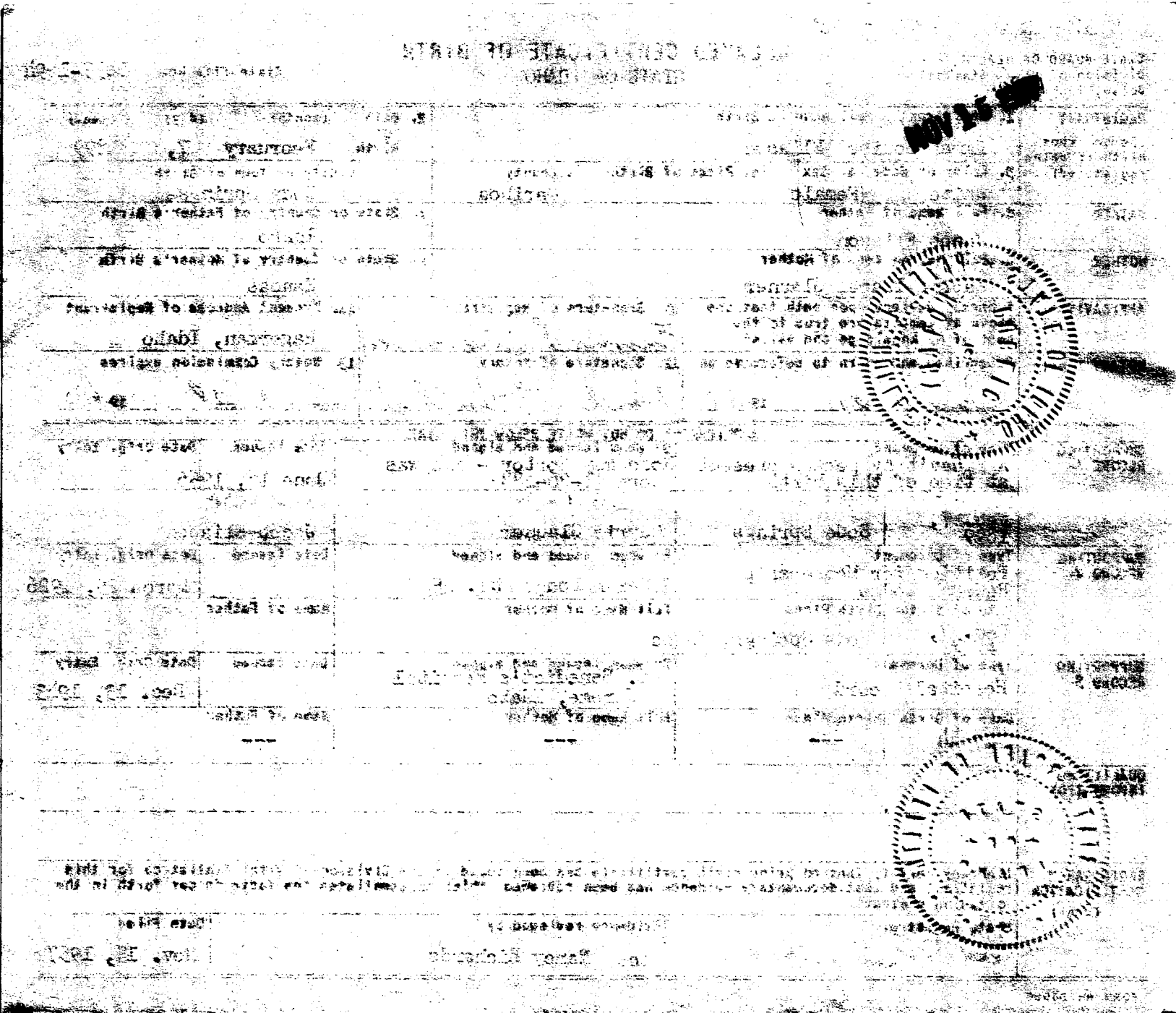
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	sc Nancy Richards	Nov. 15, 1957

FORM BH 56067

1 [illegible]



465-106-028-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1116

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esler Benjamin Moe			2. Date of Birth (month) May (day) 6 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Medimont, Idaho
FATHER	6. Full Name of Father: Simon Cornelius Moe			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Lulu Short			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esler Benjamin Moe		11. Present Address of Registrant: 3409-K Ave., Anacortes, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on November 14, 1957	12. Signature of Notary: W. U. Wells		13. Notary Commission expires November 11, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: April 6, 1937
	Date of Birth: May 6, 1899	Birth Place: Medimont, Idaho	Full Name of Mother: Lulu Short	Name of Father: Simon Cornelius Moe
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census	Date Issued: Apr. 25, 1957	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: Lulu Moe	Name of Father: Simon C. Moe
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Fraternal Order of Eagles Anacortes, Washington	Date Issued: 6-12-56	Date Orig. Entry: July 29, 1929
	Date of Birth: age 30	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Evidence reviewed by: nr Nancy Richards		Date Filed: Nov. 26, 1957

FORM BH 56067

NOV

981-105-030-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1123
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Ryan			2. Date of Birth (month) (day) (year): August 5, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Salmon Idaho Lemhi	b. City or Town of Birth
FATHER	6. Full Name of Father: James McLan Ryan			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Isabell Schuh			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Ryan		11. Present Address of Registrant: 817 Gear St. Reno Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: November 13 1957	12. Signature of Notary: Howard E. Crowell		13. Notary Commission expires: My Commission Expires March 3, 1961 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary I. Ryan	Date Issued: 7-20-46	Date Orig. Entry:
Class* B	Date of Birth: Aug. 5, 1899	Birth Place: Lemhi Co. near Salmon, Idaho (McKim Creek)	Full Name of Mother: Mary I. Ryan	Name of Father: James M. Ryan	
SUPPORTING RECORD 2.	Type of Document: Voting Registration Record		By whom issued and signed: Washoe County, Reno, Nevada	Date Issued: 7-16-54	Date Orig. Entry: Sept. 18, 1946
Class B	Date of Birth: age 47	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: County School Supt., Lemhi County, Salmon, Idaho	Date Issued: 6-25-54	Date Orig. Entry: school census of 1910
Class B	Date of Birth: Aug. 5, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 27, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

553-209-031-694

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1125
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE LORRAINE NELSON			2. Date of Birth (month) (day) (year): February, 9, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce (now Lewis)	b. City or Town of Birth: Nezperce,
FATHER	6. Full Name of Father: Ephfriam Nelson,			7. State or Country of Father's Birth: Iowa Boone County
MOTHER	8. Full Maiden Name of Mother: Amanda J. Wimpy			9. State or Country of Mother's Birth: Dade County, Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Lorraine Ralston		11. Present Address of Registrant: Mohler, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 23, 19 57	12. Signature of Notary: [illegible]		13. Notary Commission expires: may, 24, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Amanda J. Nelson	Date Issued: 9-23-57	Date Orig. Entry:
Class* B	Date of Birth: Feb. 9, 1899	Birth Place: Nezperce, Idaho	Full Name of Mother: Amanda J. Wimpy	Name of Father: Ephfraim Nelson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #123328	Date Issued:	Date Orig. Entry: child born May 26, 1924
Class B	Date of Birth: age 25	Birth Place: NezPerce, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: American Medical Life Co.	Date Issued: 8-8-34	Date Orig. Entry: Aug. 7, 1934
Class B	Date of Birth: Feb. 9, 1899	Birth Place: Nez Perce, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Nov. 27, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

1 copy rec

DEC 30 1957

DEC 27 1957

415-206-806-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Gold Danilson			2. Date of Birth (month) (day) (year): June 6, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: William Howard Danilson			7. State or Country of Father's Birth: South Carolina
MOTHER	8. Full Maiden Name of Mother: Sara Mack			9. State or Country of Mother's Birth: Smithfield, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie D Kimbrell		11. Present Address of Registrant: 3250 Laguna San Francisco, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission Expires Feb. 13 1960

State of California City and County of San Francisco

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: William Howard Danilson-Father	Date Issued: viewed by vital stat. obviously old - no alterations	Date Orig. Entry:
	Date of Birth: June 6, 1899	Birth Place: ———	Full Name of Mother: Sara Mack	Name of Father: William Howard Danilson
SUPPORTING RECORD 2.	Type of Document: Newspaper Article	By whom issued and signed: Blackfoot News, Blackfoot Idaho	Date Issued: 8-16-57	Date Orig. Entry: June 10, 1899
	Date of Birth: June 6, 1899	Birth Place: ———	Full Name of Mother: Mr. and Mrs.	Name of Father: William H. Danilson
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, over 80 yrs. of age (present at birth)	By whom issued and signed: Mrs. May Mack	Date Issued: 10-17-57	Date Orig. Entry:
	Date of Birth: June 6, 1899	Birth Place: Blackfoot, Idaho	Full Name of Mother: ———	Name of Father: ———

QUALIFYING INFORMATION

School Record issued by School District No. 8, Blackfoot, Idaho, on August 16, 1957 gives her age for the school year of 1906 as age 7. The parent is given as Mr. and Mrs. William Danilson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sc Nancy Richards	Dec. 5, 1957

FORM BH 56067

1 cert pd

[redacted]

261-110-040-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1158

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Severine Swan		2. Date of Birth (month) June (day) 10th (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Gem
FATHER	6. Full Name of Father: John August Swan		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Clara Halverson (Swan)		9. State or Country of Mother's Birth: Minnesota.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Severine Swan	11. Present Address of Registrant: 1506 Forest Street. Seattle, Washington.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 7, 1957	12. Signature of Notary: E. J. Hamre	13. Notary Commission expires: December 1, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 10-31-57	Date Orig. Entry: June 1, 1900
	Date of Birth: June, 1899 / Birth Place: Idaho	Full Name of Mother: Clara Swan	Name of Father: John A. Swan	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: Oct. 9, 1944
	Date of Birth: June 10, 1899 / Birth Place: Gem, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Eagles Aerie No. 54 Wallace, Idaho	Date Issued: 11-30-57	Date Orig. Entry: Feb. 19, 1935
	Date of Birth: June 10, 1899 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Dec. 6, 1957

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Date of Birth: June

Place of Birth: Twin Falls County

Sex: Male

Color or Race: White

Number of Previous Births: 1

Date of Birth: June

Place of Birth: Twin Falls County

Sex: Male

Color or Race: White

Number of Previous Births: 1

Name of Father: Oen

Place of Birth: Sweden

Name of Mother: Minnesota

Place of Birth: Minnesota

Date Filed: Dec. 1, 1927

Type of Document: Delayed Birth Certificate

Date Issued: 12-31-27

Date Orig. Entry: June 1, 1900

Type of Document: Lodge Record

Date Issued: 12-30-27

Date Orig. Entry: June 16, 1900

Date of Birth with Place: June

Full Name of Father: Oen

Date Filed: Dec. 1, 1927

Money Order

168-217-021-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1191

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mandy Alena Johnson		2. Date of Birth (month) March (day) 17th (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Weston, Idaho
FATHER	6. Full Name of Father: James Johnson		7. State or Country of Father's Birth: ~~Denmark~~ Willard Creek Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Marston		9. State or Country of Mother's Birth: ~~Lincoln, Nebraska~~ Weston, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mandy Alena Johnson (Barrett)	11. Present Address of Registrant: P.O. Box 1056, Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 12 - 1957	12. Signature of Notary: L G Hewlett	13. Notary Commission expires: Mar 9 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #101868	Date Issued:	Date Orig. Entry: child born May 11, 1922
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt & uncle, ages 75 & 84	By whom issued and signed: D. E. and Ida Jenkins	Date Issued: 9-21-57	Date Orig. Entry:
	Date of Birth: March 17, 1899	Birth Place: Weston, Idaho	Full Name of Mother: Mary Marston Johnson	Name of Father: James Johnson
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: St. Anthony's Church (R.C.) Pocatello, Idaho	Date Issued: 12-10-57	Date Orig. Entry: July 5, 1919
	Date of Birth: March 17, 1899	Birth Place: ---	Full Name of Mother: Mary Johnson	Name of Father: James Johnson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	Dec. 20, 1957

FORM BH 56067

1 Cy Pd

386-205-001-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Thornton			2. Date of Birth (month) (day) (year): July 5, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John Edmond Thornton			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Sarah Andrews			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet D. Osborn		11. Present Address of Registrant: Route 1 Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 27 1957	12. Signature of Notary: Hazel L. Hurlbert.		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Older Brother	By whom issued and signed: Lewis E. Thornton - Age 71	Date Issued: 10-17-57	Date Orig. Entry:
	Date of Birth: July 5, 1899 / Birth Place: Boise, Idaho	Full Name of Mother: Sarah Andrews	Name of Father: John Edmond Thornton	
SUPPORTING RECORD 2.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho #90624	Date Issued: Child's birthdate May 16, 1921	Date Orig. Entry:
	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Mary Secor Hospital Emmett, Idaho	Date Issued: 1-9-1958	Date Orig. Entry: June 15, 1950
	Date of Birth: July 5, 1899 / Birth Place: -----	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sc Shirley Cooper	Jan. 14, 1958

FORM BH 56067

JAN 16 1958

316-226-006-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-42

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERMA ELIZA LAFEVER			2. Date Of Birth (month) (day) (year): Aug. 26 1899
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BLACKFOOT, BINGHAM	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: CHARLES D. LAFEVER			7. State or Country of Father's Birth: Utah, U. S. A.
MOTHER	8. Full Maiden Name of Mother: SELINA MAUD PEARSON			9. State or Country of Mother's Birth: Idaho U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Eliza LaFever Jones		11. Present Address of Registrant: Moore, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JAN. 6 19 58	12. Signature of Notary: Margaret E. Pearson		13. Notary Commission expires: 1-16- 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Moore Ward, LDS Church	Date Issued: 9-7-30	Date Orig. Entry: Aug. 30, 1930
	Date of Birth: Aug. 26, 1899 / Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Maud Selina Pearson	Name of Father: Charles D. LaFever	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Selina Maud LaFever	Date Issued: 1-6-58	Date Orig. Entry:
	Date of Birth: Aug. 26, 1899 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Selina Maud Pearson	Name of Father: Charles D. LaFever	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Royal Neighbors of America	Date Issued:	Date Orig. Entry: April 12, 1944
	Date of Birth: Aug. 26, 1899 / Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 065-12

JAN 27 [redacted]

Registrant's name at birth		2. Date of birth (Month) (Day) (Year)	
[illegible]		Aug. 26 1905	
3. Place of birth (County)		4. City or town of birth	
[illegible]		Jerome, Idaho	
FATHER	5. Full name of father	6. State or Country of father's birth	
	[illegible]	Utah, U. S. A.	
MOTHER	7. Full maiden name of mother	8. State or Country of mother's birth	
	[illegible]	Idaho U. S. A.	
	I hereby declare upon oath that the statements made in this to the best of my knowledge and belief	10. Signature of registrant	11. Present address of registrant
			Moore, Idaho
	Subscribed and sworn to before me on	12. Signature of [illegible]	13. Notary Commission expires
			[illegible]

DO NOT WRITE BELOW THIS LINE

[illegible]	[illegible]	[illegible]	Date issued: 5-1-52
[illegible]	[illegible]	Where issued and signed: Moore Ward, Idaho County	Date of [illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Ward Idaho Farmers	[illegible]
[illegible]	[illegible]	[illegible]	Date issued: 1-1-52
[illegible]	[illegible]	Where issued and signed: Moore Ward Idaho County	Date of [illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Moore Ward Idaho	Date issued:
[illegible]	[illegible]	Where issued and signed: Moore Ward Idaho County	Date of [illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Moore Ward Idaho	Date issued: April 22, 1941
[illegible]	[illegible]	Where issued and signed: Moore Ward Idaho County	Date of [illegible]
[illegible]	[illegible]	[illegible]	[illegible]

Evidence reviewed by: Nancy Richards

State File: June 21, 1941

692-207-001-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-44

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Winn Fisher			2. Date of Birth (month) (day) (year): December 7, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Harry LeRoy Fisher			7. State or Country of Father's Birth: Davies County, Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Ott			9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma F. Coffin		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1958	12. Signature of Notary: Phoebe J. McGrath		13. Notary Commission expires: Notary Public Residing at Boise, Idaho My Commission expires August 6, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: History of Idaho	By whom issued and signed: Hiram T. French, M.S. Volume II	Date Issued: Published by Lewis Publishing	Date Orig. Entry: Co. in 1914
	Date of Birth: Dec. 7, 1899	Birth Place: Boise, Idaho	Full Name of Mother: Anna Ott	Name of Father: Harry L. Fisher
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #156513	Date Issued: Child's birthdate November 13, 1927	Date Orig. Entry:
	Date of Birth: Age 27	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage Register	By whom issued and signed: Ada County Boise, Idaho	Date Issued: 1-23-58	Date Orig. Entry: Sept. 19, 1922
	Date of Birth: Age 22	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. Benson	sc Shirley Cooper	Jan. 27, 1958

FORM BH 56067

869-119-028-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-84

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Harry Leroy Hornbeck.			2. Date of Birth (month) July (day) 19 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Athol, Idaho.
FATHER	6. Full Name of Father: Abraham Lincoln Hornbeck			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Flora Ellen Warren			9. State or Country of Mother's Birth: Kansas.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry L. Hornbeck		11. Present Address of Registrant: N-4728 Calispel Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: January 15th 1958	12. Signature of Notary: Nell Wegner		13. Notary Commission expires: Oct. 6th 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Record--Statement	By whom issued and signed: Prudential Ins. Co. of America	Date Issued: 7-2-57	Date Orig. Entry: applied 8-28-37 policy 9-15-37
	Date of Birth: July 19, 1899 / Birth Place: Athol, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Manito Lodge No. 246, F. & A.M.; Spokane, Wash.	Date Issued: 6-26-57	Date Orig. Entry: Jan. 24, 1944
	Date of Birth: July 19, 1899 / Birth Place: Athol, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 72	By whom issued and signed: Myrtle M. Johnson	Date Issued: 5-16-57	Date Orig. Entry:
	Date of Birth: July 19, 1899 / Birth Place: Athol, Idaho	Full Name of Mother: Flora Ellen Hornbeck	Name of Father: Abraham Lincoln Hornbeck	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Feb. 4, 1958

FORM BH 56067

[redacted]

154-204-029-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carrie Phebe Anderson		2. Date of Birth (month) Nov. (day) 4th (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Ole Anderson		7. State or Country of Father's Birth: Hademora Sweden
MOTHER	8. Full Maiden Name of Mother: Katrina Johnson		9. State or Country of Mother's Birth: Hademora Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carrie Sundberg	11. Present Address of Registrant: Potlatch Idaho
NOTARY (Seal)	Subscribed and sworn to before me on November 6 1957	12. Signature of Notary: [illegible]	13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho My commission expires Nov. 8, 1960 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Katrina Anderson	Date Issued: 11-6-57	Date Orig. Entry:
	Date of Birth: Nov. 4, 1899 / Birth Place: Troy, Idaho	Full Name of Mother: Katrina Anderson	Name of Father: Ole Anderson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #132805	Date Issued:	Date Orig. Entry: child born June 29, 1925
	Date of Birth: age 25 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Mistletoe Rebekah Lodge #85 Potlatch, Idaho	Date Issued:	Date Orig. Entry: Nov. 25, 1921
	Date of Birth: age 22 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Feb. 12, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 1 [illegible]

613-203-026-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL WALKER			2. Date of Birth (month) (day) (year): NOVEMBER 3, 1899
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: LEWISVILLE, Jefferson	b. City or Town of Birth: Lewisville, Idaho
FATHER	6. Full Name of Father: Lorin Paul Walker			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Louisa Howell			9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel W. Waugh		11. Present Address of Registrant: 942 Overland Ave., Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1958 19	12. Signature of Notary: Mack W. Crouch		13. Notary Commission expires: May 25 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: 5-24-39	Date Orig. Entry: May 19, 1939
	Date of Birth: Nov. 3, 1899	Birth Place: Lewisville, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: (11 yrs. at birth) Affidavit by sister, age 69	By whom issued and signed: Laura Jane Walker Allen	Date Issued: 3-3-58	Date Orig. Entry:
	Date of Birth: Nov. 3, 1899	Birth Place: Louiseville (Lewisville) Idaho	Full Name of Mother: Sarah Louisa Howell Walker	Name of Father: Lorin Paul Walker
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #1372	Date Issued:	Date Orig. Entry: child born Sept. 20, 1925
	Date of Birth: age 25	Birth Place: Lewisville, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible signature]	Nancy Richards	March 25, 1958

FORM BH 56067

MAR 25 1958

693-16-035 853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-295

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE CHRISTIAN ALBERT WILKEN			2. Date Of Birth (month) JULY (day) 16 (year) 1899
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: NEZ PERCE	b. City or Town of Birth: CAMERON, IDAHO
FATHER	6. Full Name of Father: HERMAN WILKEN			7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: EMILIE HETTMEIR			9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geo. C. Wilken		11. Present Address of Registrant: Kendrick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 21st 1958	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan 11th 1960

APPLICANT—~~DO NOT WRITE BELOW THIS LINE~~

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism Certif.	By whom issued and signed: C. Hopf, Luth. Pastor Cameron, Idaho	Date Issued:	Date Orig. Entry: Sept. 6, 1899
	Date of Birth: July 16, 1899	Birth Place: Nez Perce Co. Cameron, Idaho	Full Name of Mother: Emilie Hetmeier	Name of Father: H. Wilken
SUPPORTING RECORD 2.	Type of Document: Social Security Record (name shown as George Albert Wilken)	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: May 3, 1938
	Date of Birth: July 16, 1899	Birth Place: Cameron, Idaho	Full Name of Mother: Emilie Hettmeir	Name of Father: Herman Wilken
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Application (name shown as George Albert Wilken)	By whom issued and signed: Western Union Life Ins. Co.	Date Issued:	Date Orig. Entry: April 21, 1921
	Date of Birth: July 16, 1899	Birth Place: Nez Perce Co. Cameron, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Bergman	Evidence reviewed by: Nancy Richards	Date Filed: April 3, 1958

FORM BH 56067 Fee paid

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

533-23-003-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-522

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE W. ELLIS, JR			2. Date of Birth (month) Dec (day) 23 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: NEAR BENCH a. County: BANNOCK	b. City or Town of Birth: 12 MI. S.E. OF GRACE, IDAHO
FATHER	6. Full Name of Father: GEORGE W. ELLIS			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: SUSANNAH MAY TRAPPETT			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George W. Ellis Jr.		11. Present Address of Registrant: Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 11th 1958	12. Signature of Notary: S. Rawlins		13. Notary Commission expires: July 1st 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth, age 85	By whom issued and signed: E. D. Whitman	Date Issued: 3-11-58	Date Orig. Entry:
	Date of Birth: Dec. 23, 1899 / Birth Place: approx. 12 miles S. E. of Grace, Idaho	Full Name of Mother: Susannah May Trappett Ellis	Name of Father: George W. Ellis	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mountain States Ins. Co.	Date Issued: 10-1-46	Date Orig. Entry: 9-26-46
	Date of Birth: Dec. 23, 1899 / Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 28, 1937
	Date of Birth: Dec. 23, 1899 / Birth Place: Bannock Co. Grace, Idaho	Full Name of Mother: Sussanah May Trappett	Name of Father: George Washington Ellis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 17, 1958

FORM BH 56067

JUN 15 1950

632-220-016-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-557

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Reah Olson			2. Date of Birth (month) (day) (year): March 20 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bridge Id. Cassia	b. City or Town of Birth: Bridge
FATHER	6. Full Name of Father: Joseph Olson			7. State or Country of Father's Birth: Salt Lake Co. Utah
MOTHER	8. Full Maiden Name of Mother: Annie Hugentobler			9. State or Country of Mother's Birth: Sevier Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie R. Keogh		11. Present Address of Registrant: 1024 - Capitol St. Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 6 1958	12. Signature of Notary: Margaret Bell Residing at Ogden, Utah		13. Notary Commission expires: March 20 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: New York Life Ins. Co.	Date Issued: 9-17-25	Date Orig. Entry: Sept. 17, 1925
	Date of Birth: March 20, 1899	Birth Place: Bridge, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: City of Ogden, Utah #7282	Date Issued: 3-3-45	Date Orig. Entry: child born June 30, 1927
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 6-12-58	Date Orig. Entry: April 15, 1910
	Date of Birth: age 11	Birth Place: Idaho	Full Name of Mother: Annie McGill (at that time)	Name of Father: ---	
QUALIFYING INFORMATION	Federal Census Record of June 1, 1900: age 1; born in Idaho; parents Joseph and Anna Oleson.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. H. Bannon		Evidence reviewed by: nr Nancy Richards		Date Filed: June 25, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 25 1968

Date of birth	Place of birth	Full name of father	Maiden name of mother
Date issued	By whom issued and signature	Date filed	
3-3-68	U. S. Bureau of the Census	6-12-68	April 26, 1968

Delayed Certificate of Birth issued on the basis of the following documents:

Federal Census Record of June 1, 1900: one by born in Idaho; parents living and

[illegible]

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this person and that documentary evidence has been received which substantiates the facts set forth in the foregoing affidavit.

Registrar

Evidence reviewed by: Nancy Richards

Date filed: June 25, 1968

958-212-016-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Ethel Reynolds			2. Date of Birth (month) (day) (year): February 12 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Butte, Idaho
FATHER	6. Full Name of Father: George David Reynolds			7. State or Country of Father's Birth: San Jose, California
MOTHER	8. Full Maiden Name of Mother: Melissa A. Hurst			9. State or Country of Mother's Birth: The Dalles, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence E. Knight		11. Present Address of Registrant: 1305 Third Ave. Crescent City, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1958	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 1st 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Melissa A. Frakes	Date Issued: 2-1-1941	Date Orig. Entry:
	Date of Birth: Feb. 12, 1899 / Birth Place: Cassia Co. Butte, Idaho	Full Name of Mother: Melissa A. Hurst	Name of Father: George David Reynolds	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 5-15-58	Date Orig. Entry: April 5, 1900
	Date of Birth: age 11 yrs. (6-1-1900 Census gave Feb. 1899) / Birth Place: Idaho	Full Name of Mother: Melissa E. Reynolds	Name of Father: George D. Reynolds	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #77418	Date Issued:	Date Orig. Entry: child born Feb. 21, 1920
	Date of Birth: age 21 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: June 25, 1958

1 copy paid

FORM BH 56067

JUN 25 1990

964-207-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-694

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Louise Roux		2. Date of Birth (month) August (day) 7 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Idaho	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Louis Victor Roux		7. State or Country of Father's Birth: Long Island New York	
MOTHER	8. Full Maiden Name of Mother: Mary Caroline Filby		9. State or Country of Mother's Birth: Georgia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Louise (Roux) Kruger	11. Present Address of Registrant: 4463 McPherson Ave. St Louis Mo.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 15th 1958	12. Signature of Notary: Mae Tiggemeier	13. Notary Commission expires: My Commission Expires Nov. 12, 1959 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Methodist Church of Grand Marais, Michigan	Date Issued: 3-22-58	Date Orig. Entry: June 14, 1903
	Date of Birth: age 3	Birth Place: ---	Full Name of Mother: ---	Name of Father: Louis Roux
SUPPORTING RECORD 2.	Type of Document: photostat Employment Application	By whom issued and signed: Kay Williams Personnel Office St. Louis, Missouri	Date Issued:	Date Orig. Entry: Jan. 31, 1951
	Date of Birth: Aug. 7, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 10, 1936
	Date of Birth: Aug. 7, 1899	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Caroline Filby	Name of Father: Louis Victor Roux
QUALIFYING INFORMATION	Hospital Record, The Jewish Hospital of St. Louis, Missouri; 4-10-58: age 45 as of Feb. 10, 1945.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Aug. 21, 1958

FORM BH 56067

AUG 12 1968

S(S206-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-728

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NELETON VIOLET VANCE			2. Date of Birth (month) Dec. (day) 6 (year) 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Pocatello	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: William Vance			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ida Belle Watkins			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nedra Vance Ogle		11. Present Address of Registrant: box 95, Sweeny, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1958	12. Signature of Notary: E. J. Taylor, Jr. E. J. TAYLOR, JR. Notary Public, Brazoria County, Texas		13. Notary Commission expires: June 1 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 69	By whom issued and signed: Gay Vance Patterson	Date Issued: 2-27-58	Date Orig. Entry:
	Date of Birth: Dec. 6, 1899 / Birth Place: Pocatello, Idaho	Full Name of Mother: Ida Belle Watkins	Name of Father: William Robert Vance	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Phoenix Mutual Life Ins. Co.	Date Issued: 1-1-25	Date Orig. Entry: Nov. 30, 1924
	Date of Birth: Dec. 6, 1899 / Birth Place: Pocatello, Idaho	Full Name of Mother: Inez Bell Sears (then)	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Grant County, Nebraska	Date Issued:	Date Orig. Entry: May 1, 1926
	Date of Birth: age 26 / Birth Place: Idaho	Full Name of Mother: Inez Watkins	Name of Father: Wm. Vance	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 2, 1958

FORM BH 56067

Called name since age 15
according to official

SEP 10 1968

AUG 2 1968

315-104-032-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-785

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Julius LaVerne Lane			2. Date of Birth (month) (day) (year): February 4, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Julian Eugene Lane			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ola Waters			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. L. Lane		11. Present Address of Registrant: 244 Wild Rose Drive, Reno Nev.
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1958	12. Signature of Notary: [illegible]		13. Notary Commission expires: December 31 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, Ola Lane	By whom issued and signed: Ola Lane	Date Issued: 6-20-58	Date Orig. Entry:
	Date of Birth: Feb. 4, 1899	Birth Place: Shoshone, Idaho	Full Name of Mother: Ola Lane	Name of Father: Julian Eugene Lane
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Nevada #96	Date Issued: 6-5-58	Date Orig. Entry: child born Jan. 4, 1942
	Date of Birth: age 42	Birth Place: Shoshone, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 31, 1951
	Date of Birth: Feb. 4, 1899	Birth Place: Lincoln Co. Shoshone, Idaho	Full Name of Mother: Ola Myers	Name of Father: Julian Eugene Lane
QUALIFYING INFORMATION	2nd Affidavit by mother stated maiden name as Myers (stepfather-Waters), 8-30-58. Bank Record, First Nat'l. Bank of Nevada, Reno, Nevada, dated Oct. 8, 1948: birthplace Idaho; parents Julian E. and Ola Waters Lane.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Jameson	Evidence reviewed by: nr Nancy Richards		Date Filed: Sept. 26, 1958

FORM BH 56067

SEP 25

249-130-003-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-841

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Bruce Burton			2. Date of Birth (month) (day) (year): January 30, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Frederick Burton			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mary D. Bruce			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Bruce Burton	11. Present Address of Registrant: 555 J St Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1958		12. Signature of Notary: John M. Sharp	13. Notary Commission expires: Dec. 15 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary D. Burton	Date Issued: 2-24-58	Date Orig. Entry:
	Date of Birth: Jan. 30, 1899	Birth Place: Grace, Idaho	Full Name of Mother: Mary D. Burton	Name of Father: Frederick Burton	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: May 23, 1941
	Date of Birth: Jan. 30, 1899 (age 42)	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church Record--Blessing		By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 10-15-58	Date Orig. Entry: May 7, 1899
	Date of Birth: Jan. 30, 1899	Birth Place: Grace, Idaho	Full Name of Mother: Mary D. Bruce	Name of Father: Frederick Burton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 21, 1958

FORM BH 56067

OCT 22 1956

493-217-006-304

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-871

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tillie Ann Mitchell			2. Date of Birth (month) (day) (year): April 17, 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: James Mitchell, Jr.			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Tamplin			9. State or Country of Mother's Birth: South Wales, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tillie Ann Rolph		11. Present Address of Registrant: Shelley, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: September 30, 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: June 16, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (more than 10 yrs. senior): Affidavit by aunt	By whom issued and signed: Sadie C. Mitchell	Date Issued: 9-30-58	Date Orig. Entry:
	Date of Birth: April 17, 1899 / Birth Place: Bingham Co. Shelley, Idaho	Full Name of Mother: Mary Tamplin	Name of Father: James Mitchell	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: May 25, 1937
	Date of Birth: April 17, 1899 / Birth Place: Bingham Co. Shelley, Idaho	Full Name of Mother: Mary Tampline	Name of Father: James Mitchell	
SUPPORTING RECORD 3.	Type of Document: Church Record of marriage	By whom issued and signed: LDS Church, Shelley, Idaho	Date Issued: --	Date Orig. Entry: Sept. 10, 1942
	Date of Birth: April 17, 1899 / Birth Place: Bingham Co. Shelley, Idaho	Full Name of Mother: Mary Tamplin	Name of Father: James Mitchell, Jr.	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	Oct. 30, 1958

FORM BH 56067

CERTIFICATE OF BIRTH

[illegible] Mitchell

April 17, 1895

Female

Twin

Shelley

Idaho

James Mitchell, Jr.

Mary Tamplin

South Wales, England

Shelley, Idaho

September 30, 68

June 16, 1959

Date Issued

Name of Father

James Mitchell

Mary Tamplin

Shelley, Idaho

Sept. 10, 1942

James Mitchell, Sr.

Oct. 27, 1954

275-224-029-532

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-886

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Blanche Spence		2. Date Of Birth (month) July (day) 24 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah Co.	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Silas F. Spence		7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Maggie Eckard		9. State or Country of Mother's Birth: West Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Blanche Spence Rambo	11. Present Address of Registrant: 1405 Marshall Richland, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: October 24, 1958	12. Signature of Notary: Ruth Ann McClary	13. Notary Commission expires: Sept. 19 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 70	By whom issued and signed: Marena Belle Spence Patton	Date Issued: 11-25-57	Date Orig. Entry:
	Date of Birth: July 24, 1899 / Birth Place: Moscow, Idaho	Full Name of Mother: Maggie Rettie Spence	Name of Father: Silas Franklin Spence	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Whitman County, Wash.	Date Issued:	Date Orig. Entry: March 1, 1917
	Date of Birth: age 17 / Birth Place: Moscow, Idaho	Full Name of Mother: Maggie Eckard	Name of Father: S. F. Spence	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #118313	Date Issued:	Date Orig. Entry: child born Dec. 24, 1923
	Date of Birth: age 24 / Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 3, 1958	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

1. Registrant's full name at birth	2. Date of birth (month) (day) (year)	
[illegible]	July 24 1920	
3. Place of birth (county)	4. City or town of birth	
[illegible]	Jerome	
5. Sex	6. Full name of father	7. State or country of father's birth
Male	[illegible]	French Canadian
8. Full maiden name of mother	9. State or country of mother's birth	
[illegible]	Great Britain	
10. I hereby swear (affirm) that the statements made on this application are true to the best of my knowledge and belief.	11. Signature of applicant	12. Present address of applicant
		[illegible]
13. Subscribed and sworn to before me on	14. Signature of notary	15. Notary Commission expires

VERIFICATION — TO BE MADE BY THE CLERK

16. Attest	17. When issued and signed	Date issued / Date orig. entry
[illegible]	Bureau Public Service Division	12-24-27
		Name of father
		[illegible]
Place of birth	Place of residence	Name of mother
[illegible]	Boise, Idaho	[illegible]
Date of birth	Full name of mother	Name of father
[illegible]	[illegible]	[illegible]
Date of birth	Place of birth	Name of mother
[illegible]	Idaho	---

Date of Delayed Certificate of Birth: Nov. 4, 1966

Date of Delayed Certificate of Birth: Nov. 4, 1966

MOLLY DEVINE
CLERK OF THE DISTRICT COURT
ADA COUNTY, IDAHO

813-126-014-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-920

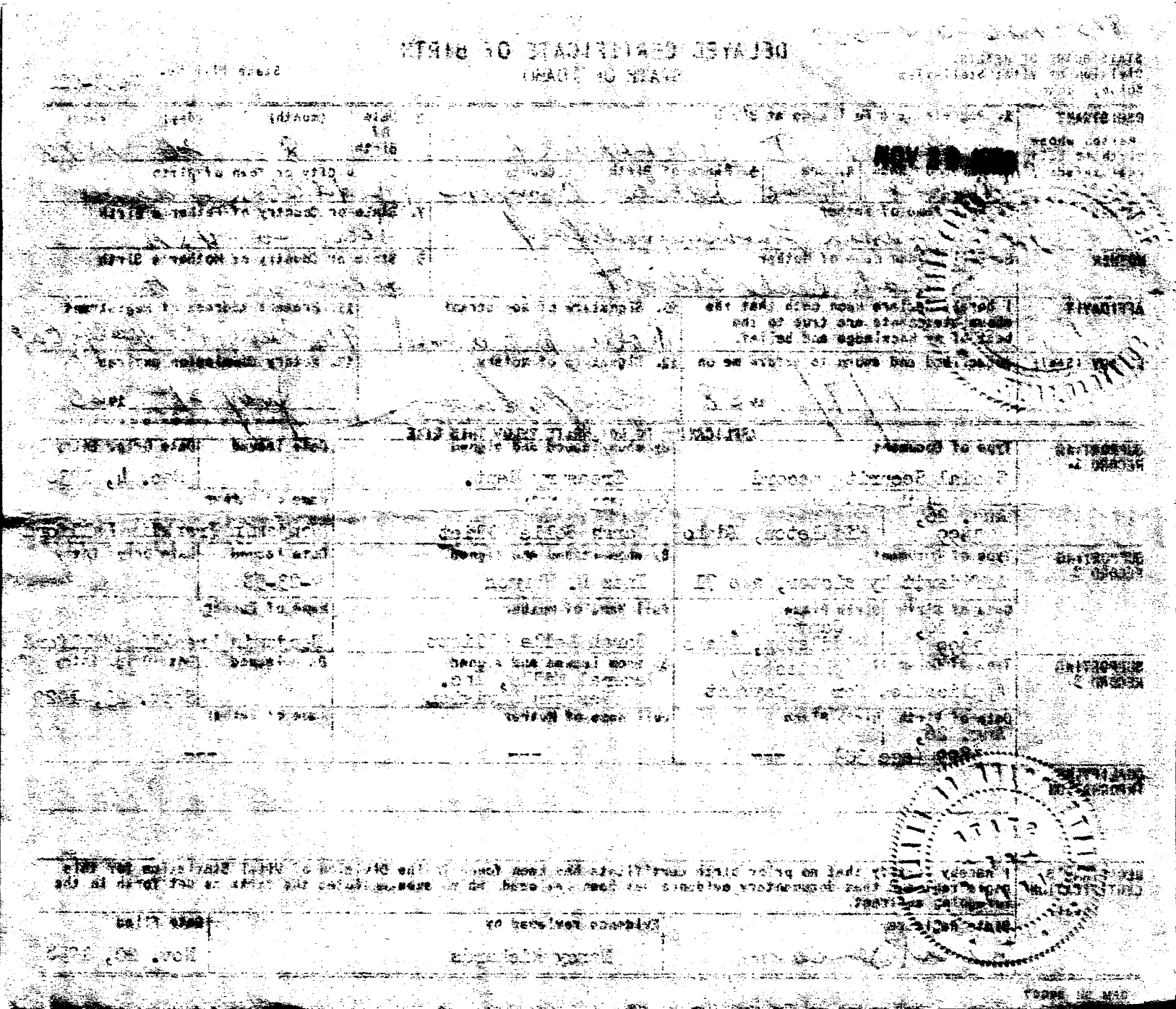
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rollin D Hallford		2. Date of Birth (month) (day) (year): 8 - 26 - 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Canyon b. City or Town of Birth: Middleton Idaho
FATHER	6. Full Name of Father: Benjamin Franklin Hallford		7. State or Country of Father's Birth: Illinois - USA
MOTHER	8. Full Maiden Name of Mother: Sarah Belle Elliott		9. State or Country of Mother's Birth: Illinois USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rollin D. Hallford	11. Present Address of Registrant: 906 Georgia St Vallejo, Cal
NOTARY (Seal)	Subscribed and sworn to before me on: 11/7/ 1958	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 21 - 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 4, 1936
	Date of Birth: Aug. 26, 1899 / Birth Place: Middleton, Idaho	Full Name of Mother: Sarah Belle Elliot	Name of Father: Benjamin Franklin Hallford	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 71	By whom issued and signed: Inez L. Harmon	Date Issued: 9-23-58	Date Orig. Entry:
	Date of Birth: Aug. 26, 1899 / Birth Place: Canyon Co, Middleton, Idaho	Full Name of Mother: Sarah Belle Elliott	Name of Father: Benjamin Franklin Hallford	
SUPPORTING RECORD 3.	Type of Document: (photostat) Application for Employment	By whom issued and signed: General Mills, Inc. Western Division	Date Issued:	Date Orig. Entry: Sept. 23, 1929
	Date of Birth: Aug. 26, 1899 (age 30) / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 20, 1958

FORM BH 56067



356-217-001-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-945

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Sarah Leonard			2. Date of Birth (month) August (day) 17 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada Co.	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Andrew Jackson Leonard			7. State or Country of Father's Birth: Alabama
MOTHER	8. Full Maiden Name of Mother: Margaret Sarah Venable			9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Margaret Sarah Leonard Foley Hot Springs Ark		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: November 19 1958	12. Signature of Notary: Mrs Grace Rhodes		13. Notary Commission expires: July 1 1961 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: St. Mary's R. C. Church Hot Springs, Arkansas	Date Issued: 7-29-57	Date Orig. Entry: Jan. 25, 1927
	Date of Birth: Aug. 17, 1899 / Birth Place: Idaho	Full Name of Mother: Margaret Venable (Leonard)	Name of Father: Jack Leonard	
SUPPORTING RECORD 2.	Type of Document: Insurance Record-Application	By whom issued and signed: Royal Neighbors of America	Date Issued:	Date Orig. Entry: Jan. 31, 1922
	Date of Birth: Aug. 17, 1899 / Birth Place: Ada Co. Boise City, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (more than 10 yrs older)	By whom issued and signed: James Leonard	Date Issued: 11-3-58	Date Orig. Entry:
	Date of Birth: Aug. 17, 1899 / Birth Place: Boise, Idaho	Full Name of Mother: Margaret Sarah Leonard	Name of Father: Andrew Jackson Leonard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: mr Nancy Richards	Date Filed: Dec. 1, 1958

FORM BH 56067

DEC 1

854-115-004-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-977

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Hans Hemmert			2. Date of Birth (month) May (day) 15 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St Charles, Idaho Bear Lake	b. City or Town of Birth: St Charles
FATHER	6. Full Name of Father: William Hyrum Hemmert			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Anna Osterlin			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Hans Hemmert		11. Present Address of Registrant: St Charles, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8th Nov. 1958	12. Signature of Notary: L. Hugh Shepherd		13. Notary Commission expires: Oct 10- 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: LDS Church Salt Lake City, Utah	Date Issued: 5-20-58	Date Orig. Entry: Aug. 6, 1899
	Date of Birth: May 15, 1899 / Birth Place: St. Charles, Idaho	Full Name of Mother: Anna Osterlin	Name of Father: William H. Hemmert	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin, age 70	By whom issued and signed: Mina Pugmire	Date Issued: 10-27-58	Date Orig. Entry:
	Date of Birth: May 15, 1899 / Birth Place: St. Charles, Idaho	Full Name of Mother: Anna Osterlin Hemmert	Name of Father: William Hyrum Hemmert	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #153495	Date Issued:	Date Orig. Entry: child born July 27, 1927
	Date of Birth: age 28 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	Marriage Record; Cache County, Utah; 10-28-58: record of Sept. 29, 1926; born- May 15, 1899 at St. Charles, Idaho; parents-Wm. H. Hemmert, born in Denmark, and Annie Ostelin, born in Sweden.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: Nancy Richards		Date Filed: Dec. 9, 1958

FORM BH 56067

DEC 1 0 1958

296-222-033-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-979

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Mary Brown			2. Date Of Birth (month) Nov. (day) 22 (year) 1899
	3. Color or Race: White Engl.	4. Sex: F.	5. Place of Birth a. County: Labell, Idaho Madison	b. City or Town of Birth: Labell
FATHER	6. Full Name of Father: Willis Daniel Brown			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Matilda Dinsdale			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Mary Evans		11. Present Address of Registrant: 2470 Mill Creek Rd Montone Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1958	12. Signature of Notary: Russell Goodwin		13. Notary Commission expires: January 9 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: IDS Church Salt Lake City, Utah	Date Issued: 4-12-57	Date Orig. Entry: Nov. 24, 1899
	Date of Birth: Nov. 22, 1899 / Birth Place: Labell, Idaho	Full Name of Mother: Matilda Dinsdale	Name of Father: Willis Brown	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 10-9-58	Date Orig. Entry: June 1, 1900
	Date of Birth: Nov. 1899 / Birth Place: Idaho	Full Name of Mother: Alice M. Brown	Name of Father: Willis Brown	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 14, 1944
	Date of Birth: Nov. 22, 1899 / Birth Place: Bell, Idaho	Full Name of Mother: Alice M. Dinsdale	Name of Father: Willis D. Brown	

QUALIFYING INFORMATION

own child's birth certificate, California #34-015940: age 34 as of date of child's birth, March 2, 1934; born at LaBelle, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	Dec. 10, 1958

FORM BH 56067 1 copy issued

DEC 10 1950

862-205-001-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable Elizabeth Hosac			2. Date of Birth (month) (day) (year): August 5, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Harry Ulyssis Hosac			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Hester Ann Cox			9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mable E. Lake.		11. Present Address of Registrant: Cut Bank Montana.
NOTARY (Seal)	Subscribed and sworn to before me on: January 26 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics, Idaho #98420	Date Issued:	Date Orig. Entry: Child born Jan. 17, 1922
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Family Record Book		By whom issued and signed:	Date Issued:	Date Orig. Entry: Obviously old
	Date of Birth: Aug. 5th, 1899	Birth Place: Boise	Full Name of Mother: Hester Ann Cox	Name of Father: Harry Ulysses Hosac	
SUPPORTING RECORD 3.	Type of Document: Statement from hospital Record		By whom issued and signed: Minnie N. Melson, St. Luke's Hospital	Date Issued: January 26, 1959	Date Orig. Entry: June 18, 1946
	Date of Birth: August 5, 1899	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	January 28, 1959

FORM BH 56067

1 COPY PAID

JAN 28 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 55-147

REGISTRANT

1. Name of child at birth: Mary Elizabeth Hosse
2. Sex: Female
3. Place of birth: Ada County
4. Date of birth: August 5, 1899
5. City or town of birth: Boise
6. State or Country of Father's birth: Pennsylvania
7. State or Country of Mother's birth: Boise, Idaho

FATHER

8. Full name of father: Harry Ulysses Hosse

MOTHER

9. Maiden name of mother: Hester Ann Cox

AFFIDAVIT

10. I hereby certify that the above and foregoing statements are true to the best of my knowledge and belief.
11. Signature of Registrant
12. Present address of Registrant

NOTARY

13. Subscribed and sworn to before me on _____ 19__
14. Signature of Notary
15. Notary Commission expires _____ 19__

SUPPORTING EVIDENCE 1.

Type of Document: Own child's birth certificate
Date issued and signed: On file Vital Statistics, Idaho State Board of Health
Date issued: Child born Aug. 17, 1922
Date orig. entry: ---

SUPPORTING EVIDENCE 2.

Type of Document: Family Record Book
Date issued and signed: ---
Date issued: Obviously old
Date orig. entry: ---

SUPPORTING EVIDENCE 3.

Type of Document: Statement from hospital record
Date issued and signed: Minnie M. Nelson, St. Luke's Hospital
Date issued: January 26, 1959
Date orig. entry: June 18, 1946

Date of Birth: August 5, 1899
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

Date of Birth: August 5, 1899
Birth Place: Boise
Full Name of Mother: Hester Ann Cox
Name of Father: Harry Ulysses Hosse

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W.W. Hanson
Evidence reviewed by: Sharon E. Skaggs
Date Filed: January 23, 1959

695-131-035-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-093

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Jefferson Winters			2. Date Of Birth (month) Aug (day) 31 (year) 1899
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Southwick
FATHER	6. Full Name of Father: Sherman Andrew Winters			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Daisy Melvina Benton			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. J. Winters		11. Present Address of Registrant: 1112 6th Ave., Corning, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 10 1958	12. Signature of Notary: Albert M. Fisher Jr.		13. Notary Commission expires: December 3, 1959 ALBERT M. FISHER, JR., Notary Public In and for The County of Tehama, State of California ~~My Commission Expires Dec. 3, 1959~~ 1944 Solano St., Corning, Calif.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth, age 81	By whom issued and signed: Alma M. Thornton	Date Issued: 10-17-58	Date Orig. Entry:
	Date of Birth: Aug. 31, 1899 / Birth Place: Southwick, Idaho	Full Name of Mother: Daisy Melvina Benton	Name of Father: Sherman Andrew Winters	
SUPPORTING RECORD 2.	Type of Document: Family Record (Photostat)	By whom issued and signed: original viewed by Notary Public Samuel F. Swayne; Orofino, Ida.	Date Issued: 12-11-58	Date Orig. Entry: obviously old
	Date of Birth: Aug. 31, 1899 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: 7-27-49	Date Orig. Entry: July 23, 1949
	Date of Birth: Aug. 31, 1899 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	own child's birth certificate, Washington #205; 12-10-58: age 46 as of date of child's birth, May 23, 1946; birthplace--Southwick, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. U. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: Feb. 6, 1959

FORM BH 56067

FEB 6 [redacted]

659-113-007-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellwood Roberts Werry			2. Date of Birth (month) July (day) 13 (year) 1899
	3. Color or Race: white	4. Sex: M	5. Place of Birth: ~~Hailey~~ Idaho	a. County: Blaine
	(Near ~~BORN AT~~ Town Hailey, Idaho) DONIPHAN, IDAHO.			
FATHER	6. Full Name of Father: Joe Werry			7. State or Country of Father's Birth: Cornwall England
MOTHER	8. Full Maiden Name of Mother: Sarah Roberts			9. State or Country of Mother's Birth: New Jersey USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellwood R Werry		11. Present Address of Registrant: Shoshone, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 19 58	12. Signature of Notary: Ralph H Smith		13. Notary Commission expires: January 19 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother's sister (age 78)	By whom issued and signed: Katherine French	Date Issued: 5-17-58	Date Orig. Entry:
	Date of Birth: July 13, 1899	Birth Place: Doniphan, (SW of Hailey) Idaho	Full Name of Mother: Sarah Roberts Werry	Name of Father: Joseph Werry
SUPPORTING RECORD 2.	Type of Document: U. S. Civil Service Record	By whom issued and signed: U.S. Civil Service Commission	Date Issued:	Date Orig. Entry: May 25, 1940
(age 40)	Date of Birth: July 13, 1899	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file— Idaho certificate #153567	Date Issued:	Date Orig. Entry: child born June 26, 1927
	Date of Birth: age 27 years	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards		Date Filed: Feb. 18, 1959

FORM BH 56067

FEB 18 1959

DECEASED

753-227-003-841

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-156

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella Wilhelmina Peterson			2. Date Of Birth (month) (day) (year): Feb. 27 1899
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Lund Bannock	b. City or Town of Birth: Lund
FATHER	6. Full Name of Father: Martin Leander Peterson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Minnie Qualman			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella Armstrong		11. Present Address of Registrant: Grants Pass, Oregon 318 Adeline Drive
NOTARY (Seal)	Subscribed and sworn to before me on: October 24 1958	12. Signature of Notary: Barbara Latusick		13. Notary Commission expires: March 18 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Kelly Ward, Idaho Stake LDS Church	Date Issued: 12-14-25	Date Orig. Entry: Sept. 1, 1907
	Date of Birth: Feb. 27, 1899 / Birth Place: Lund, Idaho	Full Name of Mother: Minnie Qualman	Name of Father: Martin L. Peterson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #178816	Date Issued:	Date Orig. Entry: child born Oct. 6, 1929
	Date of Birth: age 30 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 25, 1942
	Date of Birth: Feb. 27, 1899 / Birth Place: Bannock Co. Lund, Idaho	Full Name of Mother: Minnie Qualman	Name of Father: Martin L. Peterson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 23, 1959

FORM BH 56067

FEB 23 1969

433-224-008-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-194

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Louise McCall			2. Date of Birth (month) August (day) 24 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise Co.	b. City or Town of Birth: McCall, Idaho
FATHER	6. Full Name of Father: Benjamin B. McCall			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Ida May Newman			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Murlin Agee		11. Present Address of Registrant: 6120 So. 6th Klamath Falls, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on Dec 8, 1958	12. Signature of Notary: [illegible]		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES JAN 31, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #49980	Date Issued:	Date Orig. Entry: child born May 11, 1917
	Date of Birth: age 17	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Benj. B. McCall, age 89, & Ida May McCall, age 84	Date Issued: 11-25-58	Date Orig. Entry:
	Date of Birth: Aug. 24, 1899	Birth Place: McCall, Idaho	Full Name of Mother: Ida May McCall	Name of Father: Benj. B. McCall
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Vincent's Hospital Portland 10, Oregon	Date Issued: 2-20-59	Date Orig. Entry: June 3, 1941
(age 41)	Date of Birth: Aug. 24, 1899	Birth Place: Idaho	Full Name of Mother: Ida Newman	Name of Father: Ben McCall
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Bangom	Evidence reviewed by: nr Nancy Richards	Date Filed: March 4, 1959

FORM BH 56067

MAR 4 1956

551-220-036-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Naomi Evans			2. Date of Birth (month) September (day) 20 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida Co.	b. City or Town of Birth: Samaria, Idaho
FATHER	6. Full Name of Father: William B. Evans			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Jenkins			9. State or Country of Mother's Birth: Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi E. Warner		11. Present Address of Registrant: Lava Hot Springs, Idaho (Box 274)
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 19 59	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 1 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: LDS Church Salt Lake City, Utah	Date Issued: 2-3-59	Date Orig. Entry: Jan. 7, 1900
	Date of Birth: Sept. 20, 1899 / Birth Place: Samaria, Idaho	Full Name of Mother: Mary Jenkins	Name of Father: William B. Evans	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #218291	Date Issued:	Date Orig. Entry: child born Jan. 23, 1934
	Date of Birth: age 34 / Birth Place: Samari, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Protective Assoc.	Date Issued: 7-12-46	Date Orig. Entry: July 9, 1946
	Date of Birth: Sept. 20, 1899 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: March 4, 1959

FORM BH 56067

1 copy paid

MAR 4 1959

DEC 27 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT

1. Name of person for whom birth is being registered: Bruce Virgil Hanks
2. Sex: Male
3. Date of birth: Jan. 20, 1929
4. City or town of birth: Emmett
5. County: Gem
6. State or country of birth: Idaho

FATHER

7. Full name of father: Virgil Bruce Hanks
8. Place of birth: Idaho

MOTHER

9. Full maiden name of mother: Lorna Lawrence
10. Place of birth: Idaho

AFFIDAVIT

I hereby declare that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant
12. Present address of Registrant: Boise, Ada County, Idaho
13. Subscribed and sworn to before me
14. Signature of Notary
15. Notary Commission expires

SUPPORTING RECORD 1

Type of document: Certificate of Birth
Date issued: 2-3-59
By whom issued and signature: Vital Statistics, Boise, Idaho
Date orig. entry: Jan. 1, 1929
Place of birth: Emmett, Idaho
Full name of father: Virgil Bruce Hanks
Full name of mother: Lorna Lawrence

SUPPORTING RECORD 2

Type of document: Certificate of Birth
Date issued: Jan. 23, 1959
By whom issued and signature: Idaho Dept. of Vital Statistics, Boise, Idaho
Date orig. entry: Jan. 23, 1929
Place of birth: Emmett, Idaho
Full name of father: —
Full name of mother: —

SUPPORTING RECORD 3

Type of document: Certificate of Birth
Date issued: 7-22-59
By whom issued and signature: Idaho Dept. of Vital Statistics, Boise, Idaho
Date orig. entry: July 9, 1929
Date of birth: Jan. 20, 1929
Place of birth: Idaho
Full name of father: —
Full name of mother: —

QUALIFYING INFORMATION

CERTIFICATION

Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant of the date described, which has been reviewed, which substantiates the facts as set forth in the above statement.

Signature of Registrar
Evidence reviewed by
Date filed: March 5, 1959

Form No. 106

231-113-020-538

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-213

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SAMUEL SANFORD BLACKWELL		2. Date Of Birth (month) Dec. (day) 13 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Glenns Ferry, Idaho
FATHER	6. Full Name of Father: Samuel Benton Blackwell		7. State or Country of Father's Birth: Benton County, Arkansas	
MOTHER	8. Full Maiden Name of Mother: Clara Dora Ethell		9. State or Country of Mother's Birth: Bloomfield, Davis County, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel S Blackwell	11. Present Address of Registrant: Glenns Ferry, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 9th of March 1959	12. Signature of Notary: Florence Spiedell	13. Notary Commission expires: June 17th 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Age 73 Affidavit by half-sister	By whom issued and signed: Leona E. Blacksten	Date Issued: Dec. 7, 1957	Date Orig. Entry:
	Date of Birth: December 13 1899	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Clara Ethel Blackwell	Name of Father: Samuel Benton Blackwell
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Register, Book 1, Page 33	By whom issued and signed: Elmore County Recorder, James A. O'Neill	Date Issued:	Date Orig. Entry: Jan. 26, 1929
	Date of Birth: Age 29	Birth Place: Glenns Ferry, Ida.	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Cerified copy of Election Register	By whom issued and signed: Recorder of Elmore County, James A. O'Neill	Date Issued:	Date Orig. Entry: Apr. 24, 26
	Date of Birth: Age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	Own child's birth certificate, On file Vital Statistics, Idaho 211496, gives age at time of child's birth as 31, and birthplace Glenns Ferry, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W.W. Benson	Evidence reviewed by: Sharon E. Skaggs	Date Filed: February 16,1959	

FORM BH 56067

1 COPY

MAR 10 1959

Age 13

Affidavit by half-sister

Leona E. Blackstone

Registrar 12 Clerks Office
Idaho

Clara Ethel Blackwell

Certified copy of Marriage
Register, Book 1, Page 33

Elmore County Recorder,
James A. O'Neill

Glenns Ferry, Ida.

Age 26

Certified copy of Election
Register

Recorder of Elmore County,
James A. O'Neill

Apr. 24, 26

Age 26

Idaho

Own child's birth certificate. On file Vital Statistics, Idaho 211496. Given age

at time of child's birth as 31, and birthplace Glenns Ferry, Idaho.

I hereby certify that no birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

A. W. Benson — Sharon L. Savage — February 16, 1959

866-115-010-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rasmus Philip Winfield Hoff			2. Date of Birth (month) Sept. (day) 15 (year) 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Falls, Idaho	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: [redacted] Rasmus Hoff			7. State or Country of Father's Birth: Bergen, Norway
MOTHER	8. Full Maiden Name of Mother: Jennie Cecelia Lindahl			9. State or Country of Mother's Birth: Clinton, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Philip W Hoff	11. Present Address of Registrant: R#3 IDAHO FALLS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on February 2 19 59		12. Signature of Notary: Rachel M. Evans	13. Notary Commission expires 12-1-61 19

NOTARY PUBLIC IDAHO FALLS, IDAHO My Commission Expires Dec. 1, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age	By whom issued and signed: 72, Eugena W. Brashear	Date Issued: 3-2-59	Date Orig. Entry:
	Date of Birth: Sept. 15, 1899	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Jennie Cecelia Lindahl Hoff	Name of Father: Rasmus Hoff
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: County File No. 205754 Marriage Record	Date Issued:	Date Orig. Entry: Jan. 31, 1951
	Date of Birth: age 51	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Columbian National Life Ins. Co. of Boston, Mass.	Date Issued:	Date Orig. Entry: March 15, 1937
	Date of Birth: Sept. 15, 1899	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Jennie L. Hoff	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	March 13, 1959

FORM BH 56067

MAR 13 1969

SEP 27 1969

[redacted] Pamela Hoff

[redacted] Oneagle Lindahl

12-1-61

813-229-035-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Valeria Mae Hackett			2. Date Of Birth (month) November (day) 29 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce Co.	b. City or Town of Birth: --
FATHER	6. Full Name of Father: Charles Thomas Hackett			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Ida Mae Waide			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Valeria Mae Clark		11. Present Address of Registrant: Box 307, Palouse, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 13 1959	12. Signature of Notary: Hazel Throop		13. Notary Commission expires: Mar 27 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (neighbor at time of birth): Affidavit by aunt, age 75	By whom issued and signed: Alice Waide Dunneback	Date Issued: 2-27-59	Date Orig. Entry:
	Date of Birth: Nov. 29, 1899	Birth Place: Nezperce Co., Idaho	Full Name of Mother: Ida Mae Waide Hackett	Name of Father: Charles Thomas Hackett
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Neighbors of Woodcraft Portland, Oregon	Date Issued: 10-9-57	Date Orig. Entry: March 24, 1928
	Date of Birth: Nov. 29, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Voting Registration Record	By whom issued and signed: City Clerk Palouse, Washington	Date Issued: 2-11-58	Date Orig. Entry: Oct. 12, 1926
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Jenson	nr Nancy Richards	March 19, 1959

FORM BH 56067

1 copy mailed

MAR 19 1959

693-116-016-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer Willard Wickel			2. Date Of Birth (month) (day) (year): January 16 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Elba
FATHER	6. Full Name of Father: Willard Wickel			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sylvia Jane Wake			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer W. Wickel		11. Present Address of Registrant: Malta Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 12 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 14 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Elba Ward, Raft River Stake IDS Church	Date Issued: 1-6-59	Date Orig. Entry: Feb. 4, 1900
	Date of Birth: Jan. 16, 1899 / Birth Place: Cassia Co. Elba, Idaho	Full Name of Mother: Sylvia Wake	Name of Father: Willard Wickel	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #91513	Date Issued:	Date Orig. Entry: child born June 16, 1921
	Date of Birth: age 22 / Birth Place: Elba, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father, age 84	By whom issued and signed: Willard Wickel	Date Issued: 2-13-59	Date Orig. Entry:
	Date of Birth: Jan. 16, 1899 / Birth Place: Elba, Idaho	Full Name of Mother: Sylvia Wake	Name of Father: Willard Wickel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: nr Nancy Richards	Date Filed: March 20, 1959

FORM BH 56067

MAR 20 1950

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Child's Full name at birth		2. Date of birth (month) (day) (year)
	3. Date of Place of birth	4. Place of birth - County	5. City or town of birth
FATHER	6. Full name of father		7. State or Country of Father's birth
MOTHER	8. Full Maiden name of mother		9. State or Country of Mother's birth
AFFIDAVIT	I hereby certify under oath that the above statements are true to the best of my knowledge and belief.	10. Signature of applicant	11. Present address of applicant
	Subscribed and sworn to before me	12. Signature of Notary	13. Notary Commission expires
SUPPORTING DOCUMENTS	Date of Document	IMPORTANT - DO NOT WRITE BELOW THIS LINE	Date issued / Date filed
	Date of Birth / Birth place	Full name of father	Name of Witness
SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date issued / Date filed
	Date of Birth / Birth place	Full name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued / Date filed
	Date of Birth / Birth place	Full name of Father	Name of Father
REMARKS			
REGISTRAR'S CERTIFICATE (Seal)	I certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.		
	State Registrar	Evidence received by	Date filed

243-21-022-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Sarah Butler			2. Date Of Birth (month) June (day) 11 (year) 1899
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Lyman, Idaho
FATHER	6. Full Name of Father: Edwin William Butler			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Humble			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Sarah Butler Pate		11. Present Address of Registrant: Driggs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 29, 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 7 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Blessing	By whom issued and signed: Bates Ward, Teton State LDS Church	Date Issued:	Date Orig. Entry: Sept. 3, 1899
	Date of Birth: June 11, 1899 / Birth Place: Lyman, Idaho	Full Name of Mother: Sarah Jane Humble	Name of Father: Edwin Butler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Jane Humble Butler	Date Issued: 1-29-59	Date Orig. Entry:
	Date of Birth: June 11, 1899 / Birth Place: Fremont Co. Lyman, Idaho	Full Name of Mother: Sarah Jane Humble Butler	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #304135	Date Issued:	Date Orig. Entry: child born Oct. 10, 1940
	Date of Birth: age 41 / Birth Place: Lyman, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barsom	Evidence reviewed by: Nancy Richards		Date Filed: March 26, 1959

FORM BH 56067

1 4 P8

MAR 20

CERTIFIED CERTIFICATE OF BIRTH

STATE OF IDAHO

314-112-036-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-302

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Uriel Laurence			2. Date Of Birth (month) June (day) 12 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida Co.	b. City or Town of Birth: Whitney, Idaho
FATHER	6. Full Name of Father: Elisha Randolph Laurence			7. State or Country of Father's Birth: Alabama
MOTHER	8. Full Maiden Name of Mother: Mary Jane Walls			9. State or Country of Mother's Birth: Alabama
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Uriel Laurence		11. Present Address of Registrant: 403 Prescott Ave. Monterey, California
NOTARY (Seal)	Subscribed and sworn to before me on: March 23, 1959 19 ___	12. Signature of Notary: Kent Mitchell		13. Notary Commission expires: April 22, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Whitney Ward, Oneida Stake LDS Church	Date Issued: 2-18-04	Date Orig. Entry: Feb. 18, 1904
	Date of Birth: June 12, 1899 / Birth Place: Whitney, Idaho	Full Name of Mother: Mary J. Walls	Name of Father: E. R. Laurence	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 3-4-52	Date Orig. Entry: June 1, 1900
	Date of Birth: June, 1899 (11 mos.) / Birth Place: Idaho	Full Name of Mother: Mary J. Lawrence	Name of Father: Elisha R. Lawrence	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother, age 73	By whom issued and signed: Franck Laurence	Date Issued: 3-25-59	Date Orig. Entry:
	Date of Birth: June 12, 1899 / Birth Place: Oneida Co. Whitney, Idaho	Full Name of Mother (born-Alabama): Mary Jane Walls	Name of Father (born-Alabama): Elisha Randolph Laurence	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. H. Benson	Evidence reviewed by: mr Nancy Richards		Date Filed: April 2, 1959

FORM BH 56067 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 2 1959

State file No. [illegible]

CHILD	1. Name of child	2. Sex: Male	3. Date of birth: April 12, 1909
	4. Place of birth: Idaho County, Idaho	5. Place of birth: Grangeville	6. Place of birth: Idaho
FATHER	7. Full name of father: Henry Lawrence	8. Place of birth: Alabama	9. Place of birth: Alabama
MOTHER	10. Full maiden name of mother: Mary Jane Wells	11. Place of birth: Alabama	12. Place of birth: Alabama
AFFIDAVIT	13. I hereby declare upon oath that the statements herein are true to the best of my knowledge and belief.	14. Signature of affiant	15. Affiant's address: Grangeville, Idaho
NOTARY	16. Subscribed and sworn to before me on April 22, 1959	17. Notary Commission expires: Jan. 20, 1961	
AUTHORIZING RECORD	18. Name of issuing agency: Idaho State Board of Health	19. Date issued: 2-14-61	20. Date expiration: Feb. 14, 1961
SUPPORTING RECORD 1	21. Type of document: Marriage License	22. Place issued: Idaho County, Idaho	23. Date issued: 3-4-59
	24. Full name of father: Henry J. Lawrence	25. Full name of mother: Mary J. Wells	26. Place of birth: Alabama
SUPPORTING RECORD 2	27. Type of document: Marriage License	28. Place issued: Idaho County, Idaho	29. Date issued: 3-29-59
	30. Full name of father: Henry J. Lawrence	31. Full name of mother: Mary Jane Wells	32. Place of birth: Alabama
	33. Date of birth: April 12, 1909	34. Place of birth: Idaho County, Idaho	35. Place of birth: Idaho
	36. Occupation: Farmer		
	37. I hereby certify that no prior birth certificate has been found in the division of vital statistics for this person and that documentary evidence has been obtained which substantiates the facts as set forth in the delayed certificate.		
	38. Signature of registrar: Fred Hildreth	39. Date filed: April 3, 1959	

545-214-031-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-312

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarrah Elizabeth Edenburn			2. Date of Birth (month) November (day) 14 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Nez Perce
FATHER	6. Full Name of Father: Francis Marion Edenburn			7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Margaret McDonough			9. State or Country of Mother's Birth: Pennsylvania, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarrah Elizabeth McCormick		11. Present Address of Registrant: Beverly, Kansas
NOTARY (Seal)	Subscribed and sworn to before me on March 30, 19 59	12. Signature of Notary: Vick W. Stevens		13. Notary Commission expires: Nov. 7, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St. Joseph, R.C., Slickpoo, Idaho	Date Issued: 10-21-55	Date Orig. Entry: Jan. 22, 1900
	Date of Birth: Nov. 14, 1899	Birth Place: ----	Full Name of Mother: Margaret McDounough	Name of Father: Francis Edenburn
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Kansas	Date Issued: 12-2-46	Date Orig. Entry: child born Nov. 30, 1922
	Date of Birth: age 23	Birth Place: Nezpers, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-3-59	Date Orig. Entry: June 1, 1900
	Date of Birth: Nov. 1899 (6 mos.)	Birth Place: Idaho	Full Name of Mother: Maggie Edenburn	Name of Father: Frank M. Edenburn
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: April 6, 1959

FORM BH 56067

2 copies pd

APR 6

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

1. Name of child (if any)	2. Full name at birth		3. Date of birth (month) (day) (year)
	Garrett Blakeley Edmondson		November 11, 1939
4. Sex	5. Color or race	6. Place of birth: County	7. City or town of birth
	White	Ada	Boise
FATHER	8. Full name of father		9. State or country of father's birth
	Charles Marion Edmondson		United States
MOTHER	10. Maiden name of mother		11. State or country of mother's birth
	Ruth Marjorie McDonough		Pennsylvania, U.S.A.
12. I certify that the statements made on this side are true to the best of my knowledge and belief.		13. Signature of informant	14. Present address of informant
			Beverly, Kansas
15. Subscribed and sworn to before me on March 30, 1 [illegible]		16. Signature of Notary	17. Notary commission expires Nov. 7, 1952

DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Type of document: Certificate of Baptism	By whom issued and signed: Diocese of Boise, Idaho	Date issued: 3-1-39
	Date of birth: 1939	Place of birth: Boise, Idaho	Full name of father: [illegible]
Supporting Record 2	Type of document: [illegible]	By whom issued and signed: [illegible]	Date issued: 12-6-45
	Date of birth: 1939	Place of birth: Montpelier, Idaho	Full name of father: —
Supporting Record 3	Type of document: [illegible]	By whom issued and signed: [illegible]	Date issued: 2-3-39
	Date of birth: Nov. 1939	Place of birth: Idaho	Full name of father: Charles Edmondson
Signature of Registrar			
Signature of Director	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	Signature: [illegible]	Evidence reviewed by: Mercer Thomas	Date filed: April 6, 1949

Form 4a Revised

667-123-014-628

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De59-319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay BEFORE delivery: at home
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Alden Fox

5. DATE OF BIRTH (Month, day, year) Dec 28 1899

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank A. Fox

11. Color or Race white

12. Age at time of THIS birth 46 yrs.

13. Birthplace New York
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie P. Osgood

17. Color or Race white

18. Age at time of THIS birth 39 yrs.

19. Birthplace New York
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Sol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Frank A. Fox (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) April 7, 1959 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. H. Murray M.D. (D.O., Midwife, etc.)
and address Nampa Idaho Date Mar 9 1959

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 8 [illegible]

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

764-128-032-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-334

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Gomes			2. Date of Birth (month) June (day) 28 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Anthony Marion Gomes			7. State or Country of Father's Birth: Portugal
MOTHER	8. Full Maiden Name of Mother: Mary Silva			9. State or Country of Mother's Birth: Portugal
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert F. Gomes		11. Present Address of Registrant: 1803 Vermont Ave. West Sacramento Calif
NOTARY (Seal)	Subscribed and sworn to before me on March 11 1959	12. Signature of Notary: Geo W Glee Notary Public in and for the County of Sacramento State of California		13. Notary Commission expires: July 19 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 1, 1943
	Date of Birth: June 28, 1899 / Birth Place: Lincoln Co. Shoshone, Idaho	Full Name of Mother: Mary Silva	Name of Father: Anthony Marion Gomes	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: California #38-102955	Date Issued: 3-12-59	Date Orig. Entry: child born Dec. 11, 1938
	Date of Birth: age 39 / Birth Place: Shoshone, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary S. Gomes	Date Issued: 4-4-59	Date Orig. Entry:
	Date of Birth: June 28, 1899 / Birth Place: Shoshone, Idaho	Full Name of Mother: Mary Silva	Name of Father: Anthony M. Gomes	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: mr Nancy Richards	Date Filed: April 20, 1959

FORM BH 56067

Corrected

APR 20 1959

253-128-022-951

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-337

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Francis Belnap			2. Date of Birth (month) (day) (year): October 28, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Salem, Idaho
FATHER	6. Full Name of Father: Augustus Weber Belnap			7. State or Country of Father's Birth: Utah Weber Co.
MOTHER	8. Full Maiden Name of Mother: Mary Read			9. State or Country of Mother's Birth: Utah Weber Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Francis Belnap		11. Present Address of Registrant: Route #2 Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1959	12. Signature of ~~Notary~~ Probate Judge: Vernon C. Mortensen		13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: IDS Church Salt Lake City, Utah	Date Issued: 9-15-58	Date Orig. Entry: Dec. 3, 1899
	Date of Birth: Oct. 28, 1899 / Birth Place: Fremont Co. Salem, Idaho	Full Name of Mother: Mary Read	Name of Father: Augustas W. Belnap	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #194955	Date Issued:	Date Orig. Entry: child born Sept. 11, 1931
	Date of Birth: age 31 / Birth Place: Salem, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (born-1889) Affidavit by brother	By whom issued and signed: Charles W. Belnap	Date Issued: 7-1-58	Date Orig. Entry:
	Date of Birth: Oct. 28, 1899 / Birth Place: Salem, Idaho	Full Name of Mother: Mary Read	Name of Father: Augustus Weber Belnap	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: April 20, 1959

FORM BH 56067

APR 20 1968

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

1. Name of child (first, middle, last)	2. Date of birth (month, day, year) October [illegible] 1909	
3. Color or race	4. Sex	5. Place of birth (county)
6. City or town of birth		
7. State or country of father's birth		
8. State or country of mother's birth		
9. Present address of applicant		
10. Nature of legal right		
11. Nature of relationship		
12. Nature of evidence		
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231-112-016-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Dewey Bland			2. Date Of Birth (month) april (day) 12 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion Idaho
FATHER	6. Full Name of Father: John Wesley Bland			7. State or Country of Father's Birth: Muncie Indiana
MOTHER	8. Full Maiden Name of Mother: Lillia Amanda Fisher			9. State or Country of Mother's Birth: Ft Collins Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Dewey Bland		11. Present Address of Registrant: P. O. Box 356 Templeton California
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1959	12. Signature of Notary: Mathilda W. Smalling		13. Notary Commission expires: January 25, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 59	By whom issued and signed: Mark Twain Fisher	Date Issued: 6-2-1942	Date Orig. Entry:
	Date of Birth: April 12, 1899 / Birth Place: Cassia Co. Albion, Idaho	Full Name of Mother: Lillia Amanda Fisher	Name of Father: John Wesley Bland	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: San Luis Obispo Co., Calif.	Date Issued: 3-31-59	Date Orig. Entry: Oct. 2, 1923
	Date of Birth: age 24 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Albion Public School Cassia Co., Idaho	Date Issued:	Date Orig. Entry: Sept. 4, 1905
	Date of Birth: age 6 / Birth Place: ---	Full Name of Mother: Lillia Bland	Name of Father: John Bland	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Nancy Richards	Date Filed: April 20, 1959

FORM BH 56067

APR 21 1950

544-205-018-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-347

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Olive Eddy			2. Date of Birth (month) October (day) 5 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Challis
FATHER	6. Full Name of Father: William Eddy			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Marietta Jones			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Holverson		11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 19 1958	12. Signature of Notary: J. Ressil Sharp		13. Notary Commission expires: March 17 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend who knew of the birth (born 2-25-1881)	By whom issued and signed: Margaret Jenson	Date Issued: 12-12-58	Date Orig. Entry:
	Date of Birth: Oct. 5, 1899	Birth Place: Challis, Idaho	Full Name of Mother: Marietta Jones Eddy	Name of Father: William Eddy
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Custer County, Idaho	Date Issued: 11-18-16	Date Orig. Entry: Nov. 18, 1916
	Date of Birth: age 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #357807	Date Issued: filed 10-2-42	Date Orig. Entry: child born Aug. 28, 1918
	Date of Birth: age 18	Birth Place: Challis, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	Voting Registration Record, Custer Co. District Court, Challis, Ida.; 3-31-59: age 26 as of July 24, 1926.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards		Date Filed: April 22, 1959

FORM BH 56067

APR 22 1959

795-205-003-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-350
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Addie Armeda Green		2. Date of Birth (month) May (day) 5th (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Brigham Young Green		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Haddon Trulock Ward		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Addie Armeda Robins	11. Present Address of Registrant: 840 W. Fremont Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 5 1957	12. Signature of Notary: Henrietta M. Hutchison	13. Notary Commission expires: Nov. 29 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Brigham Young Green	Date Issued: 11-18-57	Date Orig. Entry:
Class* B	Date of Birth: May 5, 1899	Birth Place: Bannock Co. McCammon, Idaho	Full Name of Mother: Haddon Trulock Ward	Name of Father: Brigham Young Green	
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptism		By whom issued and signed: Pocatello 1st Ward, West Pocatello Stake, LDS Church	Date Issued: 1-11-56	Date Orig. Entry: Nov. 2, 1907
Class B	Date of Birth: May 5, 1899	Birth Place: Bannock Co. McCammon, Idaho	Full Name of Mother: Hadden Truelock Ward	Name of Father: Brigham Young Green	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #196864	Date Issued:	Date Orig. Entry: child born Dec. 6, 1931
Class B	Date of Birth: age 32	Birth Place: McCammon, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 23, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 25 1989

791-223-028-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY ETTA GRAY			2. Date of Birth (month) (day) (year): MARCH 23 1899
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: HARRISON IDA. KOOTENAI	b. City or Town of Birth: HARRISON IDAHO
FATHER	6. Full Name of Father: WILLIAM GRAY			7. State or Country of Father's Birth: CANADA.
MOTHER	8. Full Maiden Name of Mother: MATTIE FISHER			9. State or Country of Mother's Birth: MICHIGAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary G Bangs		11. Present Address of Registrant: E1725 ILLINOIS SPOKANE WASH
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1959	12. Signature of Notary: M. J. Mott		13. Notary Commission expires: Dec. 17 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 2, 1943
	Date of Birth: March 23, 1899 / Birth Place: Harrison, Idaho	Full Name of Mother: Martha Fisher	Name of Father: William Gray	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Spokane Co., Spokane, Wash.	Date Issued: 3-2-59	Date Orig. Entry: Sept. 4, 1918
	Date of Birth: age 19 / Birth Place: Idaho	Full Name of Mother: Martha Fisher	Name of Father: Wm. Gray	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #81506	Date Issued:	Date Orig. Entry: child born July 28, 1920
	Date of Birth: age 21 / Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION	Affidavit by sister, Rachel Gray Rosebaugh, age 69, 3-2-59: born on March 23, 1899 in Harrison, Idaho to Mattie Fisher Gray and William Gray.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards		Date Filed: May 6, 1959

FORM BH 56067

MAY 1? 1900

255-102-035-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-406

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oliver L. Snell			2. Date of Birth (month) 12 (day) 2 (year) 1899
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Lapwai Nez Perce	b. City or Town of Birth
FATHER	6. Full Name of Father: Zera Snell			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Nellie Bly Walton			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oliver L. Snell		11. Present Address of Registrant: Buckley, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 15 1958	12. Signature of Notary: Mary C Miller		13. Notary Commission expires: Apr 25 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age 85,	By whom issued and signed: Ida M. Lile	Date Issued: 11-15-58	Date Orig. Entry:
	Date of Birth: Dec. 2, 1899	Birth Place: Lapway, Idaho	Full Name of Mother: Nellie Snell (nee Walton)	Name of Father: Zera Snell
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #92637	Date Issued:	Date Orig. Entry: child born June 9, 1921
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 7-1-41	Date Orig. Entry: June 28, 1941
	Date of Birth: Dec. 2, 1899	Birth Place: Lapwai, Idaho	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	May 12, 1959

FORM BH 56067

MAY 12 1960

462-102-021-634

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-440
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erwin Ulrich Moser			2. Date of Birth (month) June (day) 2 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Whitney, Idaho Franklin	b. City or Town of Birth: Whitney, Idaho
FATHER	6. Full Name of Father: Joseph Moser			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Anna Eliza Fluckiger			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Erwin Ulrich Moser	11. Present Address of Registrant: 53 East 2 North, Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on April 22 1953		12. Signature of Notary: [illegible]	13. Notary Commission expires: Aug. 29 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re: Church Record--Baptism		By whom issued and signed: Logan Temple, Cache Co., Logan, Utah--LDS Church	Date Issued: 1-18-54	Date Orig. Entry: June 18, 1907
Class* B	Date of Birth: June 2, 1899	Birth Place: Whitney, Idaho	Full Name of Mother: Anna Eliza Fluckiger	Name of Father: Joseph Moser	
SUPPORTING RECORD 2.	Type of Document: Statement re: Insurance Policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 8-20-54	Date Orig. Entry: April 26, 1932
Class B	Date of Birth: June 2, 1899	Birth Place: Whitney, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (certified by County Recorder, Cache Co., Utah) Honorable Discharge Record --		By whom issued and signed: U. S. Army 1-14-54	Date Issued: discharged 12-21-18	Date Orig. Entry: enlisted Oct. 17, 1918
Class B	Date of Birth: enlistment age-19	Birth Place: Whitney, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: May 21, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 21 1959

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497-220-007-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-474

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola Edith Dix			2. Date of Birth (month) (day) (year): October 20, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: Everett Farmer Dix			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Katie Adelia Phippen			9. State or Country of Mother's Birth: Et, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lola Edith Harris		11. Present Address of Registrant: 1654 Pennhurst Dr. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics, Idaho #76664	Date Issued:	Date Orig. Entry: child born Jan. 4, 1920
	Date of Birth: Age 20	Birth Place: Carey, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Alvin Keddington, Clerk of Salt Lake Co., Utah	Date Issued: May 9, 1959	Date Orig. Entry: April 9, 1919
	Date of Birth: Over the age of 19	Birth Place: --	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father, Age 89	By whom issued and signed: Everett Farmer Dix	Date Issued: March 19, 1959	Date Orig. Entry:
	Date of Birth: Oct. 20, 1899	Birth Place: Carey, Idaho	Full Name of Mother: Katie Adelia Phippen	Name of Father: Everett Farmer Dix
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	June 3, 1959

FORM BH 56067

1 copy paid

JUN 3 1969

CERTIFIED CERTIFICATE OF BIRTH

STATE OF IDAHO

Data on file in Vital Statistics, Idaho State Department of Health, Boise, Idaho

1. Name of child	Iris Edith Fox
2. Sex	Female
3. Place of birth (county)	Blaine
4. Date of birth (month, day, year)	October 20, 1929
5. Place of birth (city or town)	Carey
6. Mother's maiden name	Everett Farmer Fox
7. Mother's birthplace (state or country)	Missouri
8. Father's name	Kathleen Fox
9. Father's birthplace (state or country)	Utah

Certified by Vaughn Hepworth, Director, Vital Statistics, Idaho Department of Health, Boise, Idaho

Date issued: June 3, 1969

314-125-035-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-498

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Benton Campbell			2. Date Of Birth (month) July (day) 25 (year) 1899
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Nez Perce County	b. City or Town of Birth: Russell, Idaho
FATHER	6. Full Name of Father: Lloyd Ambrose Campbell			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Dora Alice Jeffries			9. State or Country of Mother's Birth: Douglas County, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Benton Campbell		11. Present Address of Registrant: 1218 40th St. South West Calgary Alberta, Canada
NOTARY (Seal)	Subscribed and sworn to before me on June 8 1959	12. Signature of Notary: William J. Dell		13. Notary Commission expires: Sept. 8 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Lloyd Ambrose Campbell and Dora Alice Campbell	Date Issued: 8-24-37	Date Orig. Entry:
	Date of Birth: July 25, 1899 / Birth Place: Nez Perce Co. Russell, Idaho	Full Name of Mother: Dora Alice Campbell	Name of Father: Lloyd Ambrose Campbell	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 12-12-52	Date Orig. Entry: June 1, 1900
	Date of Birth: 11 mos. / Birth Place: Idaho	Full Name of Mother: Dora A. Campbell	Name of Father: Lloyd Campbell	
SUPPORTING RECORD 3.	Type of Document: Military Service Registration Record	By whom issued and signed: Registrar, Canadian Military Service Act, Calgary, Alta.	Date Issued: 8-2-1918	Date Orig. Entry: Aug. 2, 1918
	Date of Birth: July 25, 1899 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Canadian Census Record; Dominion Bureau of Statistics, Ottawa; 10-30-52: age 21 as of June 1, 1921; born in the U.S.; parents-Lloyd and Dora Campbell.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards		Date Filed: June 9, 1959

FORM BH 56067

753-101-028-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-559

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Andrew Peterson			2. Date of Birth (month) (day) (year): June 1, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai Co. (now Bonner)	b. City or Town of Birth: Morton, Idaho
FATHER	6. Full Name of Father: Andrew Christ Peterson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Hilda Johnson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Andrew Peterson		11. Present Address of Registrant: Route 1, Sagle, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 18 1959	12. Signature of Notary: Ruth McBurney		13. Notary Commission expires: Sept. 6 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Toole County, Montana	Date Issued: 5-20-59	Date Orig. Entry: May 22, 1937
	Date of Birth: age 37 / Birth Place: Morton, Idaho	Full Name of Mother: Hilda Johnson	Name of Father: Andrew C. Peterson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #293788	Date Issued:	Date Orig. Entry: child born April 29, 1940
	Date of Birth: age 40 / Birth Place: Morton, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, age 85, August Fox	By whom issued and signed:	Date Issued: 6-18-59	Date Orig. Entry:
	Date of Birth: June 1, 1899 / Birth Place: Bonner Co. Morton, Idaho (formerly in Wrenco District)	Full Name of Mother: Hilda Johnson Peterson	Name of Father: Andrew C. Peterson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: June 26, 1959

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 29 1959

REGISTRANT

1. Registrant's full name at birth: Andrew Robert Peterson

2. Date of birth: June 1, 1929

3. Place of birth: Nampa, Canyon County, Idaho

4. Sex: Male

5. Full name of father: Andrew Peterson

6. Maiden name of mother: Ruth Johnson

7. Birth place of father: Denmark

8. Birth place of mother: Idaho

MOTHER

9. Full maiden name of mother: Ruth Johnson

10. Birth place of mother: Idaho

AFFIDAVIT

I/We, the undersigned, swear/affirm that the above statements are true to the best of our knowledge and belief.

11. Signature of affiant: [illegible]

12. Present address of affiant: Boise, Ada County, Idaho

Subscribed and sworn to before me on

13. Signature of notary: [illegible]

14. Notary Commission expires: [illegible]

SUPPORTING AFFIDAVIT — [illegible] BIRTH DATA

Type of document: Affidavit

Date of birth: June 1, 1929

Birth place: Nampa, Idaho

Name of mother: Ruth Johnson

Name of father: Andrew Peterson

By whom issued and signed: Idaho Department of Health

Date issued: 6-29-59

Date orig. Sub: [illegible]

SUPPORTING AFFIDAVIT 2

Type of document: Affidavit by neighbor at time of birth, age 85, August 20[illegible]

Date of birth: June 1, 1929

Birth place: Nampa, Idaho

Name of mother: Ruth Johnson Peterson

Name of father: Andrew C. Peterson

By whom issued and signed: [illegible]

Date issued: 6-29-59

Date orig. Sub: [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that reasonable diligence has been exercised with respect to the facts as set forth in the foregoing affidavit.

Signature of registrar: [illegible]

Evidence reviewed by: Nancy Richards

Date filed: June 29, 1959

389-114-028-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victor Edwin Christenson			2. Date of Birth (month) (day) (year): December 14, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Seneacquoteen
FATHER	6. Full Name of Father: Andrew Christenson			7. State or Country of Father's Birth: Llaland, Denmark
MOTHER	8. Full Maiden Name of Mother: Anna Marie Peterson			9. State or Country of Mother's Birth: Moen, Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victor Edwin Christenson		11. Present Address of Registrant: Seattle Wn 2743 36th Ave. S.W
NOTARY (Seal)	Subscribed and sworn to before me on: March 19, 1958	12. Signature of Notary: Freva G. Plan		13. Notary Commission expires: June 18, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 73	By whom issued and signed: Hilda Christenson Crockett	Date Issued: 3-3-58	Date Orig. Entry:
	Date of Birth: Dec. 14, 1899	Birth Place: Seneacquoteen, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Operator's License	By whom issued and signed: California #V 163416	Date Issued: 4-3-44	Date Orig. Entry: Apr. 3, 1944
	Date of Birth: Dec. 14, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 7-2-59	Date Orig. Entry: June 1, 1900
	Date of Birth: Dec. 1899	Birth Place: Idaho	Full Name of Mother: Mary Christensen	Name of Father: Andrew Christensen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: July 14, 1959

FORM BH 56067

JUL 14 1959

343-223-022-257

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-600

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha May Luthy			2. Date of Birth (month) May (day) 23 (year) 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Herbert (Fremonty)	b. City or Town of Birth: Herbert, Idaho
FATHER	6. Full Name of Father: Albert Frederick Luthy			7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Ellen Elizabeth Bean			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha May Luthy Young		11. Present Address of Registrant: Thornton, Idaho, RFD 1
NOTARY (Seal)	Subscribed and sworn to before me on June 20 1959	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: April 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Rexburg First Ward LDS Church	Date Issued: 9-29-07	Date Orig. Entry: Aug. 31, 1907
	Date of Birth: May 23, 1899	Birth Place: Fremont Co, Herbert, Idaho	Full Name of Mother: Ellen E. Been	Name of Father: Albert F. Luthy
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #62877	Date Issued:	Date Orig. Entry: child born July 15, 1918
	Date of Birth: age 19	Birth Place: Herbert, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: 7-15-36	Date Orig. Entry: July 15, 1936
	Date of Birth: attained age- 37	Birth Place: Herbert, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: July 21, 1959

FORM BH 56067

1 copy paid Receipt # 11538

JUL 21 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Name of child (Place an X if unknown)	2. Date of birth	
	Martin Ray Jury	June 20, 1929	
	3. Sex: Male	4. Place of birth: County (Freemont)	5. City or town of birth: Hetzeger, Idaho
FATHER	6. Full name of father: Albert Frederick Jury	7. State or Country of Father's birth: France	
MOTHER	8. Full maiden name of mother: Ellen Elizabeth Sears	9. State or country of mother's birth: England	
AFFIDAVIT	I hereby declare that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Name and address of witness
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary commission expires
	June 20 1969		April 17, 1969
SUPPORTING RECORD 1.	Type of Document	2. Name of Person	Date Issued
	Family Record	Ellen E. Jury	Albert F. Jury
SUPPORTING RECORD 2.	Date of birth	Birth place	Date issued
	June 19	Hetzeger, Idaho	Idaho Department of Public Health
	Date of birth	Birth place	Name of Mother
	June 20	Hetzeger, Idaho	Ellen E. Jury
SUPPORTING RECORD 3.	Date of document	Birth place	Name of Father
	Immigration Policy		
	Date of birth	Birth place	Name of Mother
	Approximate age 31	Hetzeger, Idaho	Ellen E. Jury
QUALIFYING INFORMATION			

I hereby certify that the prior birth certificate has been found in the Office of Vital Statistics for this registrant. The documentary evidence has been reviewed, and substantiates the facts as set forth in the foregoing statement.

State Registrar

Signature of Registrar

Nancy Stevens

Date Filed

July 21, 1969

279-205-003-447

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-619

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Augusta Lucille Spillman		2. Date Of Birth (month) 12 (day) 5 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Hyrum Spillman		7. State or Country of Father's Birth: London, England	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Dugard		9. State or Country of Mother's Birth: London, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Wm J. Hynes	11. Present Address of Registrant: 2122 Irene Street Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1959	12. Signature of Notary: Hazel L. Hulbert	13. Notary Commission expires: Sept. 29 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Brother Affidavit by Sister, Age 76	By whom issued and signed: William C. Spillman	Date Issued: July 10, 1959	Date Orig. Entry:
	Date of Birth: Dec. 5, 1899	Birth Place: Pocatello, Bannock Co., Ida.	Full Name of Mother: Mary Ann Dugard	Name of Father: Hyrum Spillman
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics, Idaho #359475	Date Issued:	Date Orig. Entry: Child born May 15, 1923
	Date of Birth: Age 23	Birth Place: Idaho, Pocatello	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Photostatic copy of Affidavit for Marriage License	By whom issued and signed: Sarah Devaney, Recorder for Bannock County	Date Issued: May 28, 1959	Date Orig. Entry: Aug. 9, 1919
	Date of Birth: Age 19	Birth Place: --	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Sharon E. Skaggs	Date Filed: July 29, 1959

FORM BH 56067

JUL 30 1969

AUG 1 1969

689-216-020-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Ileen Whitney			2. Date of Birth (month) (day) (year): April 16, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Nathanial Gilbert Whitney			7. State or Country of Father's Birth: Vermont
MOTHER	8. Full Maiden Name of Mother: Minnie Josephine Fleak			9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Thurman		11. Present Address of Registrant: Bx 132 Eagle
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics Idaho #209116	Date Issued:	Date Orig. Entry: Child born 1/9/1933
	Date of Birth: Age 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Copy of Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: Nov. 16,1949
	Date of Birth: April 16, 1899	Birth Place: Mountain Home, Elmore Co., Idaho	Full Name of Mother: Minnie Josiphine	Name of Father: Nathaniel Gilbert Whitney
SUPPORTING RECORD 3.	Type of Document: Affidavit by Neighbor, there at time of birth, Age 79	By whom issued and signed: Atlanta Yeats	Date Issued: July 14, 1959	Date Orig. Entry:
	Date of Birth: April 16, 1899	Birth Place: Elmore County	Full Name of Mother: Minnie Josephine Fleak	Name of Father: Nathanial Gilbert Whitney
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	August 3, 1959

FORM BH 56067

AUG 4 1959

618-128-014-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-705

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frederick James Wardwell			2. Date of Birth (month) (day) (year): November 28, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: William Farrington Wardwell			7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Caroline Amelia Ray			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred J. Wardwell		11. Present Address of Registrant: 2712 San Rae Dr. Dayton 19, Ohio
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 1 1959	12. Signature of Notary: Leo D. Hoch		13. Notary Commission expires: July 29 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin--neighbor at time of birth.	By whom issued and signed: Elsie Wardwell Hayes, age 89	Date Issued: 7-2-59	Date Orig. Entry:
	Date of Birth: Nov. 28, 1899	Birth Place: Emmett, Idaho	Full Name of Mother: Caroline Amelia Wardwell	Name of Father: Wm. Farrington Wardwell
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: License #67295 Montgomery County, Ohio	Date Issued: 7-30-59	Date Orig. Entry: Feb. 19, 1927
	Date of Birth: age 27 yrs. on Nov. 28, 1926	Birth Place: Emmett, Idaho	Full Name of Mother: Carrie A. Ray	Name of Father: Wm. F. Wardwell
SUPPORTING RECORD 3.	Type of Document: Selective Service Questionnaire	By whom issued and signed: Local Board No. 15 for Montgomery Co., Dayton, Ohio	Date Issued:	Date Orig. Entry: July 17, 1942
	Date of Birth: Nov. 28, 1899	Birth Place: Canyon Co. Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	Lodge Record, John W. Durst Lodge, U.D.F. & A.M., Dayton, Ohio; July 12, 1944; born Nov. 28, 1899 at Emmett, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards		Date Filed: Aug. 25, 1959

FORM BH 56067

AUG 25 1980

437-201-001-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-736

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine C. McGinley			2. Date Of Birth (month) 3 (day) 1 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada Co.	b. City or Town of Birth: Meridian, Idaho
FATHER	6. Full Name of Father: James H. McGinley			7. State or Country of Father's Birth: Sussex, England
MOTHER	8. Full Maiden Name of Mother: Nellie York			9. State or Country of Mother's Birth: ~~Idaho~~ Salem, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Katherine Dooley		11. Present Address of Registrant: McCall, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 24 1959	12. Signature of Notary: Margaret M. Peck		13. Notary Commission expires: July 28 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 10, 1940
	Date of Birth: March 1, 1899 / Birth Place: Meridian, Idaho	Full Name of Mother: Nellie --	Name of Father: J. H. McGinley	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Federal Postal Employees Association	Date Issued: 8-5-59	Date Orig. Entry: May 25, 1942
	Date of Birth: March 1, 1899 / Birth Place: Meridian, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Northern Idaho College of Education	Date Issued:	Date Orig. Entry: June 14, 1948
	Date of Birth: March 1, 1899 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 4, 1959

FORM BH 56067

SEP 4 1959

255-125-006-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde Zellinger Keefer			2. Date of Birth (month) (day) (year): February 25, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham Co. (now Bonneville)	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: William Walker Keefer			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Eldora Elizabeth Shoemaker			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde Z. Keefer		11. Present Address of Registrant: St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8-31 1959	12. Signature of Notary: Alice I. Sell		13. Notary Commission expires: Sept. 11 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (born 1-29-1887): Affidavit by brother		By whom issued and signed: Philip S. Keefer	Date Issued: 7-17-58	Date Orig. Entry:
	Date of Birth: Feb. 25, 1899	Birth Place: Bingham (now Bonneville Co.) Idaho Falls, Idaho	Full Name of Mother: Eldora Keefer	Name of Father: William Walker Keefer	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Bonneville Co., Idaho	Date Issued: 7-22-59	Date Orig. Entry: May 5, 1915
	Date of Birth: age 16	Birth Place: ---	Full Name of Mother: ---	Name of Father: W. W. Keefer	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #50133	Date Issued:	Date Orig. Entry: child born June 6, 1917
	Date of Birth: age 18	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: mr Nancy Richards	Date Filed: Sept. 9, 1959

FORM BH 56067

1 copy pd.

SEP 9 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

CHILD (Person whose birth is being registered)

1. Full name at birth: [illegible]

2. Date of birth: [illegible] (month) [illegible] (day) [illegible] (year)

3. Sex: [illegible]

4. Place of birth: [illegible] County, Idaho

5. City or town of birth: [illegible], Idaho

FATHER

6. Full name of father: [illegible]

7. State or country of father's birth: [illegible]

MOTHER

8. Full maiden name of mother: [illegible]

9. State or country of mother's birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of declarant: [illegible]

11. Present address of declarant: [illegible], Idaho

NOTARY (Seal) — Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary: [illegible]

13. Notary Commission expires: [illegible] 19[illegible]

SUPPORTING EVIDENCE

DO NOT WRITE BELOW THIS LINE

Type of evidence: [illegible]

Date issued: 7-17-59

By whom issued and signature: [illegible], Idaho

Date filed, entry: [illegible]

Place of birth: [illegible]

Full name of mother: [illegible]

Name of father: [illegible]

SUPPORTING EVIDENCE B

Type of evidence: [illegible]

Date issued: 7-22-59

By whom issued and signature: [illegible], Idaho

Date filed, entry: [illegible]

Date of birth: [illegible]

Full name of mother: ---

Name of father: W. V. [illegible]

SUPPORTING EVIDENCE C

Type of evidence: [illegible]

Date issued: [illegible]

By whom issued and signature: [illegible], Idaho

Date filed, entry: [illegible]

Date of birth: [illegible]

Full name of mother: ---

Name of father: ---

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date filed: Sept. 9, 1959

Form 40 Revised

319-220-004-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-761

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Elizabeth Laible		2. Date of Birth (month) Oct (day) 20 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier Idaho
FATHER	6. Full Name of Father: John Laible		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Louise Wuthrich		9. State or Country of Mother's Birth: Switzerland.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude E. Laible	11. Present Address of Registrant: Glenns Ferry, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: July 13th 1959	12. Signature of Notary: Geo. F. Robertson	13. Notary Commission expires: Feb. 20 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 82	By whom issued and signed: Louise Laible	Date Issued: 7-13-59	Date Orig. Entry:
	Date of Birth: Oct. 20, 1899 / Birth Place: Bear Lake Co. Montpelier, Idaho	Full Name of Mother: Louise Laible	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Joint Class A School Dist. #192, Glenns Ferry, Idaho	Date Issued: 7-8-59	Date Orig. Entry: Sept. 13, 1915
	Date of Birth: age 15 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 9-15-59	Date Orig. Entry: obviously old
	Date of Birth: Oct. 20, 1899 / Birth Place: Montpelier, Idaho	Full Name of Mother: Louise Laible	Name of Father: John Laible	
QUALIFYING INFORMATION	own child's birth certificate, Idaho #162027: age 28 as of March 30, 1928; born-Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Bynson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 15, 1959	

FORM BH 56067

SEP 15 1959

GEORGE F. ROBERTS
NOTARY PUBLIC
STATE OF IDAHO

381-110-003-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-806

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Kenneth Thatcher			2. Date of Birth (month) (day) (year): December 10, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Thatcher, Idaho
FATHER	6. Full Name of Father: Nathan Davis Thatcher			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rachael Folkman			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. Kenneth Thatcher		11. Present Address of Registrant: Box 1463 Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 25 1959	12. Signature of Notary: Gordon S. Thatcher		13. Notary Commission expires: August 28 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Bannock Stake, Thatcher Ward LDS Church	Date Issued: 7-26-56	Date Orig. Entry: Feb. 4, 1900
	Date of Birth: Dec. 10, 1899 / Birth Place: Bannock Co. Thatcher, Idaho	Full Name of Mother: Rachael Folkman	Name of Father: Nathan Thatcher	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Feb. 25, 1952
	Date of Birth: Dec. 10, 1899 / Birth Place: Bannock Co. Thatcher, Idaho	Full Name of Mother: Rachel Folkman	Name of Father: Nathan Davis Thatcher	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: N. D. Thatcher and Rachel F. Thatcher	Date Issued: 7-23-56	Date Orig. Entry:
	Date of Birth: Dec. 10, 1899 / Birth Place: Bannock Co. Thatcher, Idaho	Full Name of Mother: Rachel Folkman Thatcher	Name of Father: Nathan Davis Thatcher	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 2, 1959

1 copy paid

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 2 1959

CHILD

1. Place of birth (If hospital, give name instead of street and number): Twin Falls County Hospital
2. Full name of child: Kathleen Davis Thatcher
3. Sex: Female
4. Date of birth (Month, day, year): December 10, 1959
5. City or town of birth: Twin Falls, Idaho
6. County of birth: Twin Falls
7. State or country of parent's birth: Utah

FATHER

8. Full name of father: Kathleen Davis Thatcher
9. Date of birth (Month, day, year): [illegible]
10. Place of birth (State or country): Utah
11. Residence of parents: Twin Falls County, Idaho
12. Occupation: Farmer
13. Kind of business or industry: Farming
14. Color or race: White

MOTHER

15. Full name of mother: Helen Davis Thatcher
16. Maiden name: [illegible]
17. Date of birth (Month, day, year): [illegible]
18. Place of birth (State or country): Utah
19. Residence of parents: Twin Falls County, Idaho
20. Occupation: Housewife
21. Kind of business or industry: None
22. Color or race: White

DOCTOR OR MIDWIFE

23. Name of attendant: Dr. Thatcher, Twin Falls, Idaho
24. Date of birth: Dec. 10, 1959
25. Name of hospital: Twin Falls County Hospital
26. Date of birth: Dec. 10, 1959

SUPPORTING EVIDENCE

27. Affidavit of parents
28. Hospital records
29. Other (Specify): [illegible]

REGISTRAR'S CERTIFICATE

I hereby certify that the above certificate has been issued in the form of a verified delayed certificate of birth and that documentary evidence has been received which substantiates the facts as set forth in the above certificate.

Date filed: Oct. 2, 1959

Signature of Registrar: Roger Hollands

Date issued: Feb. 25, 1960

Date original entry: Feb. 25, 1960

Issued by: Thatcher, Idaho

Issued by: Thatcher, Idaho

685-211-022-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-820

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Celia White			2. Date Of Birth (month) (day) (year): January 11, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: George William White			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Phoebe A. Saunders			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Mrs. Hendrickson): Mabel Celia White		11. Present Address of Registrant: Box 391, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 22 1959	12. Signature of Notary: Edna A. Wheeler		13. Notary Commission expires: May 9 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Phoebe A. White	Date Issued: 9-22-59	Date Orig. Entry:
	Date of Birth: Jan. 11, 1899 / Birth Place: Fremont Co. Chester, Idaho	Full Name of Mother: Phoebe A. Saunders White	Name of Father: George William White	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued:	Date Orig. Entry: July 20, 1948
	Date of Birth: Jan. 11, 1899 / Birth Place: Chester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #102840	Date Issued:	Date Orig. Entry: child born May 29, 1922
	Date of Birth: age 23 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 8, 1959

FORM BH 56067

COPY

OCT. 8 1959

381-121-035-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-825

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy John Chambers			2. Date of Birth (month) April (day) 21st (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Near Reubens, Idaho
FATHER	6. Full Name of Father: Eudorus Chambers			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Laura M. Pankey			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy John Chambers		11. Present Address of Registrant: Gifford, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 6, 19 59	12. Signature of Notary: [signature]		13. Notary Commission expires: October 17 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 13, 1947
	Date of Birth: April 21, 1899 / Birth Place: Nez Perce Co. Reubens, Idaho	Full Name of Mother: Laura Pankey	Name of Father: Eudoris Chambers	
SUPPORTING RECORD 2.	Type of Document: Affidavit by midwife at birth	By whom issued and signed: Flora Baker	Date Issued: 9-15-17	Date Orig. Entry:
	Date of Birth: April 21, 1899 / Birth Place: Nez Perce Co., Idaho	Full Name of Mother: Laura M. Pankey	Name of Father: Eudorus Chambers	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #144219	Date Issued:	Date Orig. Entry: child born Aug. 14, 1926
	Date of Birth: age 27 / Birth Place: Reubens, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Brown	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 14, 1959

FORM BH 56067

1 copy paid receipt # 59-14474

OCT 14 1959

819-226-014-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-828

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phoebe Ellen Hardy			2. Date of Birth (month) November (day) 26, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Franklin B. Hardy			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Ella Nora Cox			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Hardy Chapman		11. Present Address of Registrant: 419 K St. Sparks, Nevada.
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (present at birth): Affidavit by mother's sister	By whom issued and signed: Lydia Cox Bailey	Date Issued: 9-18-59	Date Orig. Entry:
	Date of Birth: Nov. 26, 1899	Birth Place: Caldwell, Idaho	Full Name of Mother: Nora Ellen Cox Hardy	Name of Father: Frank B. Hardy
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Nevada #22	Date Issued: 7-31-59	Date Orig. Entry: child born Dec. 25, 1922
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Voting Registration Record	By whom issued and signed: Churchill County, Nevada	Date Issued: 7-31-59	Date Orig. Entry: Sept. 15, 1942
	Date of Birth: age 42	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards		Date Filed: Oct. 15, 1959

FORM BH 56067

1 copy paid

OCT 15 1959

MAR 15 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Full name at birth: Maggie Ellen Hardy		2. Date of birth (month) November (day) 26, (year) 1899	
3. Place of birth: Idaho	4. County of birth: Oneida	5. City or town of birth: Malgenell	
FATHER	6. Full name of father: Francis E. Hardy	7. State or Country of father's birth: Kentucky	
MOTHER	8. Full maiden name of mother: Anna C. [illegible]	9. State or Country of mother's birth: Iowa	
AFFIDAVIT	10. Affiant swears upon oath that the above statements are true to the best of his knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present address of Registrant: [illegible]
NOTARY	13. Subscribed and sworn to before me on [illegible]	14. Signature of Notary: [illegible]	15. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Record of birth was issued and signed by Vital Statistics Unit, Department of Health, State of Idaho	Date issued: [illegible]	Date orig. filed: [illegible]
SUPPORTING RECORD 2	Record of birth was issued and signed by Vital Statistics Unit, Department of Health, State of Idaho	Date issued: 7-31-59	Date orig. filed: Dec. 26, 1899
SUPPORTING RECORD 3	Record of birth was issued and signed by Vital Statistics Unit, Department of Health, State of Idaho	Date issued: 7-31-59	Date orig. filed: [illegible]

REGISTRAR'S CERTIFICATION: I hereby certify that an older birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which establishes the facts as set forth in the foregoing statement.

Date of Registrar: [illegible] | Evidence reviewed by: Henry Richards | Date filed: Oct. 15, 1959

295-209-010-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-831

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Dora King			2. Date of Birth (month) (day) (year): May 9th 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Falls, Idaho	b. City or Town of Birth: Idaho Falls.
FATHER	6. Full Name of Father: Joseph R. King			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Mary Ray McIntyre			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Mrs. Clarke): Dorothy Dora King		11. Present Address of Registrant: 700 W Freemster-Visalia Cal
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 16 1959	12. Signature of Notary: Robert L. Lewis		13. Notary Commission expires: My Commission Expires July 29, 1962 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 5, 1941
	Date of Birth: May 9, 1899	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mary Ray McIntyre	Name of Father: Joseph Rayburn King	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: County Recorder, Red Bluff, Calif.	Date Issued: 9-17-58	Date Orig. Entry: child born Sept. 18, 1929
	Date of Birth: age 30	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Record		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 10-1-40	Date Orig. Entry: Oct. 1, 1940
	Date of Birth: age next birthday at issue--42	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 15, 1959

FORM BH 56067

OCT 10 1969

253-210-016-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-857

REGISTRANT (Person whose Birth is being registered) TWIN	1. Registrant's Full Name at Birth: Winnie Joy BELcher		2. Date Of Birth (month) 9 (day) 10 (year) 1899	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Marion
FATHER	6. Full Name of Father: Henry Albert Belcher		7. State or Country of Father's Birth: Virginia Cobell Co.	
MOTHER	8. Full Maiden Name of Mother: Alveretta Jane Tolman		9. State or Country of Mother's Birth: Utah Tooele Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Ralph Stewart	11. Present Address of Registrant: 329 West Galveston Chandler, Arizona	
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1959	12. Signature of Notary: James E. Gunn	13. Notary Commission expires: My Commission Expires Dec 11, 1961	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend at time of birth	By whom issued and signed: (born Feb. 1, 1888) Parley L. Tolman	Date Issued: 8-24-59	Date Orig. Entry:
	Date of Birth: Sept. 10, 1899	Birth Place: Cassia Co. Marion, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Funeral Record of Twin Sister, stating names of both twins	By whom issued and signed: L.D.S. Chapel	Date Issued:	Date Orig. Entry: June 7, 1943
	Date of Birth: Sept. 10, 1899	Birth Place: Marion, Idaho	Full Name of Mother: Alveretta Tolman Belcher	Name of Father: Henry Albert Belcher
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Utah #18-4426-24	Date Issued: 9-23-46	Date Orig. Entry: child born Nov. 25, 1924
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Oct. 23, 1959

FORM BH 56067

1 copy pd.

OCT 23 1950

391-229-004-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-888

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Lillis Crane			2. Date of Birth (month) May (day) 29 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier, Idaho
FATHER	6. Full Name of Father: Hyrum Crane			7. State or Country of Father's Birth: Fort Harriman - Salt Lake County Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Ann Williams			9. State or Country of Mother's Birth: Elizabeth Town - Penn
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Maude Lillis Crane Hall		11. Present Address of Registrant: 940 N. Hayes St Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: X Oct 21 1959	12. Signature of Notary: N A Hubble		13. Notary Commission expires: 7-14 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Bear Lake Stake, Montpelier First Ward, LDS Church	Date Issued: 10-19-59	Date Orig. Entry: June 29, 1907
	Date of Birth: May 29, 1899	Birth Place: Bear Lake Co. Montpelier, Idaho	Full Name of Mother: Margaret Williams	Name of Father: Hyrum Crane
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 81	By whom issued and signed: Hyrum Crane	Date Issued: 10-15-59	Date Orig. Entry:
	Date of Birth: May 29, 1899	Birth Place: Bear Lake Co. Montpelier, Idaho	Full Name of Mother: ----	Name of Father: Hyrum Crane
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Bannock County, Pocatello, Ida.	Date Issued: 10-14-59	Date Orig. Entry: April 5, 1920
	Date of Birth: age 20	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 3, 1959

FORM BH 56067

NOV 3 1959

343-221-029-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-889

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Louise Tucker			2. Date of Birth (month) March (day) 21 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Moscow Latah	b. City or Town of Birth
FATHER	6. Full Name of Father: Weston Alphonse Tucker			7. State or Country of Father's Birth: Kentucky - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Susan Elizabeth Weeden			9. State or Country of Mother's Birth: Missouri - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Louise Wells		11. Present Address of Registrant: Independence Ore Rt 1 Box 178
NOTARY (Seal)	Subscribed and sworn to before me on Aug. 18 1959	12. Signature of Notary: Lucinda Fisher ~~Hazel Louise Wells~~		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 27, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Marion Co., Salem, Oregon	Date Issued: 5-1-59	Date Orig. Entry: June 30, 1919
	Date of Birth: age 20 yrs., 3 mos. 9 days	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 9-4-59	Date Orig. Entry: old record
	Date of Birth: March 21, 1899	Birth Place: Moscow, Idaho	Full Name of Mother: Susan Elizebeth Tucker	Name of Father: Weston Alphonse Tucker
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Salem Public Schools, Oregon	Date Issued: 10-16-59	Date Orig. Entry: Sept. 1913
	Date of Birth: March 21, 1899	Birth Place: ---	Full Name of Mother: (also shows "parent--S. C.	Name of Father: Tucker")
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jameson	nr Nancy Richards	Nov. 3, 1959

FORM BH 56067

NOV 3 1959

769-209-040-585

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-928

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernestine Porter			2. Date Of Birth (month) August (day) 9th (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: David Arthur Porter			7. State or Country of Father's Birth: Massachusetts U.S.A.
MOTHER	8. Full Maiden Name of Mother: Augusta Lawton Nye			9. State or Country of Mother's Birth: California U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernestine Porter Houston		11. Present Address of Registrant: 464 Vassar Ave., Berkeley 8, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1959	12. Signature of Notary: Arthur Sullivan		13. Notary Commission expires: Aug 6 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Augusta L. Porter	Date Issued: 3-13-43	Date Orig. Entry:
	Date of Birth: Aug. 9, 1899 / Birth Place: Wardner, Idaho	Full Name of Mother (born-Calif.): Augusta Lawton Nye	Name of Father (born-Mass.): David Arthur Porter	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: University of California Berkeley, Calif.	Date Issued: 6-24-59	Date Orig. Entry: Aug. 1917
	Date of Birth: Aug. 9, 1899 / Birth Place: Wardner, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Alta Bates Community Hosp. Berkeley, California	Date Issued: 11-4-59	Date Orig. Entry: Nov. 1954
	Date of Birth: Aug. 9, 1899 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Voting Registration Record; Alameda Co., Calif.; 7-15-59: record of Feb. 7, 1947; birthplace—Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: Nov. 16, 1959

FORM BH 56067

NOV 13 1968

437-203-003-492

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-937

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora Kristine McPherson			2. Date of Birth (month) (day) (year): April 3, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: John McPherson			7. State or Country of Father's Birth: Prince Edward Island, Canada
MOTHER	8. Full Maiden Name of Mother: Karen Marie Mikkelsen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Wayne Waite		11. Present Address of Registrant: Cushman, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 23, 1959	12. Signature of Notary: Robert L. Irwin		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON ~~My Commission Expires Oct 16, 1959~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-	By whom issued and signed: Logan Temple, LDS Church Logan, Utah	Date Issued: 6-24-59	Date Orig. Entry: July 15, 1908
	Date of Birth: April 3, 1899 / Birth Place: Bannock Co. Grace, Idaho	Full Name of Mother: Karen Marie Mikkelsen McPherson	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 8-12-59	Date Orig. Entry: old record
	Date of Birth: April 3, 1899 / Birth Place: ----	Full Name of Mother: Karen Marie Mikkelsen	Name of Father: John McPherson	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Social Security Board Treasury Dept.	Date Issued:	Date Orig. Entry: Feb. 2, 1943
	Date of Birth: April 3, 1899 / Birth Place: Grace, Idaho	Full Name of Mother: Mary Mickelson	Name of Father: John McPherson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Denson	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 17, 1959

FORM BH 56067

NOV 17 1950
DEC 3

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Name of child (if any)	2. Date of birth: August 3, 1929		
3. Place of birth: County of Bonneville	4. City or town of birth: Ucon, Idaho		
5. Sex: Female	6. Color or race: White	7. Date of birth: August 3, 1929	
8. Place of birth: Ucon, Idaho	9. Name of father: [illegible]	10. Place of birth: Idaho	
11. Maiden name of mother: [illegible]	12. Place of birth: Idaho	13. Date of birth: [illegible]	
14. Occupation of father: Farmer	15. Occupation of mother: Housewife	16. Place of birth: Idaho	
17. Name of informant: [illegible]	18. Relationship: Mother	19. Residence: [illegible]	
20. Signature of informant: [illegible]	21. Date: [illegible]		
22. Signature of registrar: [illegible]	23. Date: [illegible]		

I hereby certify that the above and the attachments are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

SUPPORTING RECORD 1	Type of document: Church Record	By whom issued or signed: [illegible]	Date issued: [illegible]
	Place of issue: [illegible]		Date of issue: [illegible]
SUPPORTING RECORD 2	Type of document: Family Record	By whom issued or signed: [illegible]	Date issued: [illegible]
	Place of issue: [illegible]		Date of issue: [illegible]
SUPPORTING RECORD 3	Type of document: Family Record	By whom issued or signed: [illegible]	Date issued: [illegible]
	Place of issue: [illegible]		Date of issue: [illegible]

Date of birth: [illegible] | Birth place: [illegible] | Full name of mother: [illegible] | Full name of father: [illegible]

SUPPORTING RECORDS

I hereby certify that to prior birth certificate has been found in the division of vital statistics in this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by: [illegible] | Date filed: Nov. 22, 1950

266-129-003-123

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-976

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer Bowes		2. Date of Birth (month) (day) (year): May 29 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock Co. b. City or Town of Birth: Lava Hot Spgs (Dempsey)
FATHER	6. Full Name of Father: George Davis Bower		7. State or Country of Father's Birth: Derbyshire England
MOTHER	8. Full Maiden Name of Mother: Caroline Lillie Aslett		9. State or Country of Mother's Birth: Bountiful Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Bower	11. Present Address of Registrant: Rt 2 Portalis Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1959	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 20, 1942
	Date of Birth: May 29, 1899 / Birth Place: Bannock Co. Dempsey, Idaho	Full Name of Mother: Cayline Lilie Aslett	Name of Father: George Davis Bower	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: 9-11-35	Date Orig. Entry: 1935
	Date of Birth: May 29, 1899 / Birth Place: Lava, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #170230	Date Issued:	Date Orig. Entry: child born March 19, 1929
	Date of Birth: age 29 / Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards		Date Filed: Nov. 30, 1959

FORM BH 56067

NOV 30 1959

296-114-006-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-986

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Mahonri Brown			2. Date of Birth (month) Oct (day) 14 (year) 1899
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Milo Bingham Co.	b. City or Town of Birth: Milo Bingham Co Ida.
FATHER	6. Full Name of Father: Mahonri-Ernest Brown			7. State or Country of Father's Birth: Utah Bountiful
MOTHER	8. Full Maiden Name of Mother: CLARA-ETHEL-MORRIS			9. State or Country of Mother's Birth: Utah Salt Lake City
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest M Brown		11. Present Address of Registrant: 298-E-22nd St Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4th Nov. 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: 5/12 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Bingham Stake, Milo Ward LDS Church	Date Issued: 10-26-59	Date Orig. Entry: July 5, 1908
	Date of Birth: Oct. 14, 1899	Birth Place: Bingham Co. Milo, Idaho	Full Name of Mother: Clara E. Morris	Name of Father: M. E. Brown
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: April 2, 1947
	Date of Birth: Oct. 14, 1899	Birth Place: Milo, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #164785	Date Issued:	Date Orig. Entry: child born Aug. 13, 1928
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 2, 1959

FORM BH 56067

DEC 2

391-212-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-993

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Melvina Craig		2. Date of Birth (month) May (day) 12 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Nez Perce Co.	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Geo. W. Craig		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Florence Rose [redacted]		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel M. Turner	11. Present Address of Registrant: Rt 3. Box 178 Ennis	
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 16, 1959	12. Signature of Notary: Mary A. McFarlane	13. Notary Commission expires: My Commission Expires Sept. 27, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record--photostat	By whom issued and signed: original viewed by Paul P. Gailus; Centra Costa Co., Calif.	Date Issued: 4-6-59	Date Orig. Entry: obviously old
	Date of Birth: May 12, 1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: 9-25-59	Date Orig. Entry: Aug. 26, 1947
	Date of Birth: May 12, 1899	Birth Place: Lewiston, Idaho	Full Name of Mother: Florence R. Craig	Name of Father: Geo. W. Craig
SUPPORTING RECORD 3.	Type of Document: Statement re: application for license	By whom issued and signed: Calif. Dept. of Professional & National Standards, Board of Cosmetology	Date Issued: 11-23-59	Date Orig. Entry: Oct. 8, 1927
	Date of Birth: May 12, 1899	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 4, 1959

FORM BH 56067

DEC 3 1996

261-212-035-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Ellen Swanson			2. Date of Birth (month) Nov. (day) 12 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nezperce now Lewis	b. City or Town of Birth: Fletcher
FATHER	6. Full Name of Father: Peter Swanson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Birdie Ada Burk			9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie Ellen Smith		11. Present Address of Registrant: 631 Bryden - Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 30 1959	12. Signature of Notary: Ruth V. Akins		13. Notary Commission expires: Aug. 15 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 82	By whom issued and signed: Birdie Ada Swanson	Date Issued: 9-30-59	Date Orig. Entry:
	Date of Birth: Nov. 12, 1899 / Birth Place: Nez Perce Co., now Lewis Fletcher, Idaho	Full Name of Mother: Birdie Ada Burk Swanson	Name of Father: Peter Swanson	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Nez Perce Co., Idaho	Date Issued: 10-23-59	Date Orig. Entry: March 25, 1919
	Date of Birth: age 19 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Bible record-photostat	By whom issued and signed: L. M. Walrath, Notary Public, Idaho	Date Issued: 9-30-59	Date Orig. Entry: old
	Date of Birth: Nov. 12, 1899 / Birth Place: ----	Full Name of Mother: (born-Texas) Birdie Ada Swanson	Name of Father: (born-Sweden) Peter Swanson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 23, 1959

FORM BH 56067

1 copy paid Receipt 13563

DEC 28 1950

459-215-021-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veda Merrill			2. Date of Birth (month) (day) (year): September 15, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin Co.	b. City or Town of Birth: Mapleton, Idaho
FATHER	6. Full Name of Father: Elmer S. Merrill			7. State or Country of Father's Birth: Smithfield, Utah
MOTHER	8. Full Maiden Name of Mother: Annie Naef			9. State or Country of Mother's Birth: Providence, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Veda Merrill Webb		11. Present Address of Registrant: 6 E. 2 S. Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 18 1959	12. Signature of Notary: Ned Larsen		13. Notary Commission expires: May 12 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 8-31-38	Date Orig. Entry: Aug. 27, 1938
	Date of Birth: Sept. 15, 1899	Birth Place: Mapelton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #84249	Date Issued:	Date Orig. Entry: child born Oct. 9, 1920
	Date of Birth: age 21	Birth Place: Mapleton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Church Record--Baptism		By whom issued and signed: Preston First Ward LDS Church	Date Issued:	Date Orig. Entry: Dec. 28, 1907
	Date of Birth: Sept. 15, 1899	Birth Place: Franklin Co. Mapleton, Idaho	Full Name of Mother: Annie Naef	Name of Father: Elmer S. Merrill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barnum	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 28, 1959

FORM BH 56067

1 copy paid

DEC 28 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

215-212-001-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Melvy Sandstrom			2. Date of Birth (month) August (day) 12 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise	b. City or Town Of Birth: Boise Idaho
FATHER	6. Full Name of Father: John L. Sandstrom			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Amanda Peterson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther M. Mitchell		11. Present Address of Registrant: Gearhartt Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 7 1960	12. Signature of Notary: H. D. Grant		13. Notary Commission expires: Nov. 14 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 12-11-59	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: Amanda Sandstrom	Name of Father: John L. Sandstrom	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Portland Public Schools Portland, Oregon	Date Issued: 11-3-59	Date Orig. Entry: school year 1916-17
	Date of Birth: Aug. 12, 1899	Birth Place: Boise, Idaho	Full Name of Mother: Amanda Sandstrom	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement re: Teacher Application form		By whom issued and signed: G. E. Patton, Education Div. Portland Schools, Oregon	Date Issued: 11-3-59	Date Orig. Entry: Aug. 3, 1924
	Date of Birth: Aug. 12, 1899	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 12, 1960

FORM BH 56067

JUN 12 1960

618-117-041-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-080
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE WALTER FAIRCHILD		2. Date of Birth (month) July (day) 17 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Clauson, Idaho
FATHER	6. Full Name of Father: John William Fairchild		7. State or Country of Father's Birth: Missouri, - Boomville	
MOTHER	8. Full Maiden Name of Mother: Murtie Levercie Barney		9. State or Country of Mother's Birth: Spring City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X George Walter Fairchild	11. Present Address of Registrant: Box 301, Boron, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on December 11 19 56	12. Signature of Notary: Ernest A Tellonardo	13. Notary Commission expires: My Commission Expires January 14, 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 31, 1938
Class*	Date of Birth: July 17, 1899	Birth Place: Clauson, Idaho	Full Name of Mother: Myrtie Matilda Barney	Name of Father: John William Fairchild	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #130057	Date Issued:	Date Orig. Entry: child born Feb. 14, 1925
Class	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record		By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 1-29-60	Date Orig. Entry: obviously old
Class	Date of Birth: July 17, 1899	Birth Place: ---	Full Name of Mother: Murty LaVersia Barney	Name of Father: John William Fairchild	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W A Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Jan. 29, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 1 1960

CHILD	1. Registrant's full name at birth FRANCIS WALTER WILING III		2. Date of birth (month) July 17 1899
Person above attests below (registrant)	3. Sex male	4. Place of birth Idaho	5. County Ada
			6. City or town of birth Nampa, Idaho
FATHER	8. Full name of father John William Wilingham		7. State or country of father's birth Missouri - Kommville
MOTHER	9. Full maiden name of mother Ruth Lorenzo Tarney		9. State or country of mother's birth Spring City, Utah
AFFIDAVIT	I hereby swear upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present address of Registrant Box 201, Lemon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on December 11, 1956	12. Signature of Notary	13. Notary Commission expires My Commission Expires January 14, 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Idaho birth certificate	Date of birth / Birth place Aug 25 Idaho	By whom issued and signed	Date issued / Date filed, Entry Feb. 21, 1960
			Full name of mother ---	Name of father ---
SUPPORTING RECORD 2.	Type of Document Family Record	Date of birth / Birth place July 17 ---	By whom issued and signed Ordained Elder by Quorum of Twelve Apostles	Date issued / Date filed, Entry 1-[illegible]-60 [illegible]
			Full name of mother Ruth Lorenzo Tarney	Name of father John William Farnsworth
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Registrar

Evidence reviewed by

Date filed

Class A Records - Those which were made before the registrants fourth birthday.
Class B Records - Those which were made after the fourth birthday but are at least 5 years old.

318-224-021-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOYCE AMANDA TAYLOR			2. Date Of Birth (month) (day) (year): SEPTEMBER 24 1899
	3. Color or Race: WHITE	4. Sex:	5. Place of Birth: IDAHO a. County: FRANKLIN	b. City or Town of Birth: DAYTON
FATHER	6. Full Name of Father: WILLIAM ROBERT TAYLOR			7. State or Country of Father's Birth: TOOLE, UTAH
MOTHER	8. Full Maiden Name of Mother: ELLEN MARIE MICKLESON			9. State or Country of Mother's Birth: HYDE PARK, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joyce A. McBride		11. Present Address of Registrant: 1310 E. BANNOCK
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostatic copy of application for Social Security Number	By whom issued and signed: Social Security Admins. #518-09-8784	Date Issued: --	Date Orig. Entry: Dec. 12, 1936
	Date of Birth: Sept. 24, 1899 / Birth Place: Dayton, Idaho	Full Name of Mother: Marrier Mickleson	Name of Father: William Taylor	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Ellen Marie Taylor	Date Issued: --	Date Orig. Entry: Nov. 22, 1959
	Date of Birth: Sept. 24, 1899 / Birth Place: Dayton, Idaho	Full Name of Mother: Ellen Marie Taylor	Name of Father: William Robert Taylor	
SUPPORTING RECORD 3.	Type of Document: Own child's birth Certificate	By whom issued and signed: On file Vital Statistics #131480	Date Issued: --	Date Orig. Entry: child born April 13, 1925
	Date of Birth: age 25 / Birth Place: Dayton, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Lois Ayers	Date Filed: Jan. 29, 1960

FORM BH 56067

FEB 1 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: JOYCE AMANDA TAYLOR
2. Date of Birth (month) (day) (year): SEPTEMBER 24 1899
3. Color or Race: WHITE
4. Sex:
5. Place of Birth a. state: IDAHO b. county: FRANKLIN c. city or town or place: DAYTON

FATHER

6. Full Name of Father: WILLIAM ROBERT TAYLOR
7. State or Country of Father's Birth: TOOELE, UTAH

MOTHER

8. Full Maiden Name of Mother: ELLEN MARIE MICKLESON
9. State or Country of Mother's Birth: HYDE PARK, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joyce A. Taylor Smith
11. Present Address of Registrant: 1310 E. PATTON

NOTARY

Subscribed and sworn to before me on 19
12. Signature of Notary
13. Notary commission expires 19

ABSTRACT OF SUPPORTING EVIDENCE (TO BE COMPLETED BY STATE REGISTRAR)

SUPPORTING RECORD 1.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Photostatic copy of application for Social Security Number	Social Security Admins. #518-[illegible]	--	Dec. 12, 1936
Date of Birth / Birth Place	Full Name of Mother		Name of Father
Sept. 24, 1899 / Dayton, Idaho	Harriet Mickleson		William Taylor

SUPPORTING RECORD 2.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Ellen Marie Taylor	--	Nov. 22, 1959
Date of Birth / Birth Place	Full Name of Mother		Name of Father
Sept. 24, 1899 / Dayton, Idaho	Ellen Marie Taylor		William Robert Taylor

SUPPORTING RECORD 3.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Own child's Birth Certificate	On file Vital Statistics #101480	--	child born April 13, 1925
Date of Birth / Birth Place	Full Name of Mother		Name of Father
[illegible] 25 / Dayton, Idaho	--		--

QUALIFYING STATEMENT

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the above abstract.

(State) Registrar	Evidence reviewed by	Date Filed
J. W. Benson	Lois Ayers	Jan. 20, 1960

944-241-029-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Alta Zumwalt			2. Date of Birth (month) (day) (year): September 11, 1899
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Edwin D. Zumwalt			7. State or Country of Father's Birth: U.S.A. (Oregon)
MOTHER	8. Full Maiden Name of Mother: Laura Snow			9. State or Country of Mother's Birth: Kansas U.S.A
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Alta Zumwalt Bergeson		11. Present Address of Registrant: Route 1, Box 72, Grangeville Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 28 19 59	12. Signature of Notary: William J. Dee		13. Notary Commission expires: Sept 8 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin, neighbor at time of birth, Abraham Stewart, age 86	By whom issued and signed	Date Issued: 10-18-59	Date Orig. Entry
	Date of Birth: Sept. 11, 1899 / Birth Place: Moscow, Idaho	Full Name of Mother: Laura Zumwalt	Name of Father: Edwin D. Zumwalt	
SUPPORTING RECORD 2.	Type of Document: Family record--photostat	By whom issued and signed: original viewed by Notary Public Irvin L. Standley; Moscow, Idaho.	Date Issued: 12-31-57	Date Orig. Entry: obviously old
	Date of Birth: Sept. 11, 1899 / Birth Place: ----	Full Name of Mother: Laura Zumwalt	Name of Father: Edwin D. Zumwalt	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Mary's Hospital Cottonwood, Idaho	Date Issued: 1-29-60	Date Orig. Entry: Dec. 29, 1947
	Date of Birth: Sept. 11, 1899 / Birth Place: Moscow, Idaho	Full Name of Mother: Laura Snow	Name of Father: Edwin D. Zumwalt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards nr	Feb. 8, 1960

FORM BH 56067

FEB 8 1967

795-228-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-193

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Fern Pincock			2. Date of Birth (month) (day) (year): May 28, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Teton, Idaho
FATHER	6. Full Name of Father: James Henry Pincock			7. State or Country of Father's Birth: Utah U. S. A.
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Garner			9. State or Country of Mother's Birth: Utah U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Fern P. Ladle		11. Present Address of Registrant: Box 532 Sugar, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 1960	12. Signature of Notary: Elmer P. Moser		13. Notary Commission expires: November 19 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, age 75		By whom issued and signed: James Frederick Pincock	Date Issued: 1-28-60	Date Orig. Entry:
	Date of Birth: May 28, 1899	Birth Place: Fremont Co. Teton, Idaho	Full Name of Mother: Annie Elizabeth Garner Pincock	Name of Father: James Henry Pincock	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: Fremont Stake, Teton Ward LDS Church	Date Issued: 9-29-53	Date Orig. Entry: prior to Sept. 1902
	Date of Birth: May 28, 1899	Birth Place: Fremont Co. Teton, Idaho	Full Name of Mother: Annie Elizabeth Garner	Name of Father: James Henry Pincock	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Madison County Clerk, Ida.	Date Issued: 1-30-58	Date Orig. Entry: Sept. 16, 1916
	Date of Birth: age 17	Birth Place: ----	Full Name of Mother: ----	Name of Father: James H. Pincock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jenson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 7, 1960

FORM BH 56067

1 copy paid

MAR 7, 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

1. Name of child (if any)	2. Full name at birth		3. Date of birth (month, day, year)
	[illegible]		May 29, 1929
4. Sex	5. Date of birth (month, day, year)	6. Place of birth (county)	7. Color or race of child
		[illegible]	
8. Full name of father			9. State or country of father's birth
10. Full maiden name of mother			11. State or country of mother's birth
12. I/We, the undersigned, do/does hereby swear or affirm that the information given above is true to the best of my knowledge and belief.			13. Signature of applicant
14. Present address of applicant			
Box 732			
15. Notary Public, State of Texas		16. Signature of Notary	17. Notary Commission expires

APPLICANT: IF NOT MADE BY THE CHILD

18. Relationship to child	19. Name of applicant	20. Date of birth	21. Place of birth
22. Date issued	23. Name of applicant	24. Date issued	25. Name of father
26. Date issued	27. Name of applicant	28. Date issued	29. Name of father
30. Date issued	31. Name of applicant	32. Date issued	33. Name of father

34. Attorney's signature	35. Evidence reviewed	36. Date filed

37. Remarks

319-118-016-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-204

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lewis William Carson			2. Date of Birth (month) (day) (year): November 18, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia Co.	b. City or Town of Birth: Island (suburb of Oakley)
FATHER	6. Full Name of Father: John Alma Carson			7. State or Country of Father's Birth: Cedar Fork Utah
MOTHER	8. Full Maiden Name of Mother: ~~Kathrena~~ Annie Larson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lewis W Carson		11. Present Address of Registrant: Rt. #2, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 26 1960	12. Signature of Notary: Marie Bragan residing at Burley Ida		13. Notary Commission expires: for the State of Idaho. Dec. 23 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Continental Life Ins. Co.	Date Issued: 10-4-26	Date Orig. Entry: Sept. 3, 1926
	Date of Birth: Nov. 18, 1899 / Birth Place: Island, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #129358	Date Issued:	Date Orig. Entry: child born Jan. 26, 1925
	Date of Birth: age 25 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 7, 1939
	Date of Birth: Nov. 18, 1899 / Birth Place: Cassia Co. Oakley, Idaho	Full Name of Mother: Annie Kathern Larsen	Name of Father: John Almy Carson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 8, 1960

FORM BH 56067 1 copy paid

MAR 9 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Place of Birth (Town or County)		2. Date of Birth (Month, Day, Year)	
3. Full Name of Child		4. Sex	5. Color or Race
6. Full Name of Father		7. Birthplace of Father (State or Country)	
8. Maiden Name of Mother		9. Birthplace of Mother (State or Country)	
10. Signature of Registrar		11. Date Filed	

12. Name of Person Making Delayed Certificate		13. Relationship to Child	
14. Mailing Address of Person Making Delayed Certificate			
15. Signature of Person Making Delayed Certificate			

Supporting Evidence 1.	Type of Document	Date Issued	Date Rec'd. Entry
	By whom Issued and signed	Full Name of Mother	
Supporting Evidence 2.	Type of Document	Date Issued	Date Rec'd. Entry
	By whom Issued and signed	Full Name of Mother	
Supporting Evidence 3.	Type of Document	Date Issued	Date Rec'd. Entry
	By whom Issued and signed	Full Name of Mother	

I hereby certify that a prior birth certificate has been found in the Division of Vital Statistics for this registrant and that a documentary evidence has been received which substantiates the facts as set forth in the delayed statement.

(Seal)

Signature of Registrar — Date Filed

245-212-008-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Elizabeth Bunch			2. Date of Birth (month) June (day) 12 (year) 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Garden Valley
FATHER	6. Full Name of Father: Robert Lee Bunch			7. State or Country of Father's Birth: Idaho City, Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Lichte			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose E. Smith		11. Present Address of Registrant: 2315 Woodlawn, Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 28 1959	12. Signature of Notary: Hazel L. Hurlbert,		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: On file Vital Statistics #321608	Date Issued: Oct. 14 1941	Date Orig. Entry: --
	Date of Birth: age 23	Birth Place: Garden Valley	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: --	Date Issued:	Date Orig. Entry: obviously old
	Date of Birth: June 12, 1899	Birth Place: Garden Valley	Full Name of Mother: Mary Elizabeth Bunch	Name of Father: Robert Lee Bunch
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record	By whom issued and signed: Independent School Dist. of Boise.	Date Issued: March 14, 1960	Date Orig. Entry: 1915
	Date of Birth: June 12, 1899	Birth Place: Idaho	Full Name of Mother: --	Name of Father: Lee Bunch
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: 1a Lois Ayers	Date Filed: March 15, 1960

FORM BH 56067

MAR 17 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD'S NAME	2. Place of birth (County)	3. Date of birth (month)	
(Person whose birth is being registered)	4. Sex	5. Place of birth (County)	6. City or town or Ward
FATHER	8. Full name of father		7. State or Country of Foreign birth
MOTHER	9. Full maiden name of mother		10. State or Country of foreign birth
AFFIDAVIT	11. Be it remembered that on this date before me, the undersigned, a notary public in and for said State, personally appeared		12. Signature of Registrar
NOTARY	13. Subscribed and sworn to before me on		14. Signature of notary
			15. Notary commission expires
REGISTRAR'S RECORD	16. Date received		17. Date of registration
	18. Place of registration		
	19. Date issued	20. Date filed	
	21. Type of document	22. By whom issued and signed	
	23. Date of birth	24. Place of birth	25. Full name of mother
	26. Type of document	27. By whom issued and signed	
	28. Date issued	29. Date filed	30. Name of Registrar
	31. Date of birth	32. Place of birth	33. Full name of mother
	34. Type of document	35. By whom issued and signed	
	36. Date issued	37. Date filed	38. Name of Registrar
	39. Date of birth	40. Place of birth	41. Full name of mother
	42. Type of document	43. By whom issued and signed	
	44. Date issued	45. Date filed	46. Name of Registrar
REGISTRAR'S RECORD	47. Type of document	Elementary Independence School Dist. of Kootenai Co. Idaho	48. Date issued March 16, 1960
	49. Date of birth June 13, 1955	50. Place of birth Idaho	51. Full name of mother
			52. Name of Registrar Lee Burch
REMARKS			
CERTIFICATION	53. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the delayed statement.		
	54. State Registrar	55. Certificate reviewed by	56. Date filed
		Lois Ayers	March 16, 1960

312-126-003-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-250
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Boyce Lake			2. Date of Birth (month) March (day) 26 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Oxford, Idaho, Bannock	b. City or Town of Birth: Oxford, Idaho
FATHER	6. Full Name of Father: Chauncey William Lake			7. State or Country of Father's Birth: Ogden Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Boyce			9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Boyce Lake	11. Present Address of Registrant: 31 1/2 Barr st Boise Ida
NOTARY (Seal)	Subscribed and sworn to before me on: August 15 1956		12. Signature of Notary: Robert J Lair	13. Notary Commission expires: July 1 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle		By whom issued and signed: David Edward Lake-Uncle	Date Issued: July 7, 1956	Date Orig. Entry
Class* B	Date of Birth: March 26, 1899	Birth Place: Oxford, Idaho	Full Name of Mother: Mary Ann Boyce	Name of Father: Chauncey William Lake	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Mary Ann Lake-Mother	Date Issued:	Date Orig. Entry
Class B	Date of Birth: March 26, 1899	Birth Place: Oxford, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: State of Oregon, Vital Statistics File #13	Date Issued: Nov 13, 1942	Date Orig. Entry: child born Jan 26, 1924
Class	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz jm	Date Filed: March 22, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 23 1962

556-130-010-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-260

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Elmer Newcomb			2. Date Of Birth (month) Nov. (day) 30 (year) 1899
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Earl Elmer Newcomb			7. State or Country of Father's Birth: Colorado Springs, Colo
MOTHER	8. Full Maiden Name of Mother: Edith Blanche Harris			9. State or Country of Mother's Birth: Holt County, Neb.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Elmer Newcomb		11. Present Address of Registrant: Box 213 Gold Beach Ore
NOTARY (Seal)	Subscribed and sworn to before me on: June 23, 19 59	12. Signature of Notary: G. Quillen Kay		13. Notary Commission expires: July 24 19 59

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Edith Blanche Newcomb Robinson	Date Issued: 6-23-59	Date Orig. Entry:
	Date of Birth: Nov. 30, 1899 / Birth Place: Idaho Falls, Idaho	Full Name of Mother (born-Nebraska): Edith Blanche Harris	Name of Father (born-Colorado): Earl Elmer Newcomb	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Eagle County, Colorado	Date Issued: 8-10-59	Date Orig. Entry: Jan. 9, 1923
	Date of Birth: Age-23 yrs. / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #38	Date Issued: 3-2-60	Date Orig. Entry: child born Feb. 5, 1937
	Date of Birth: Age 37 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Bonson	Nancy Richards nr	March 25, 1960

FORM BH 56067

MAR 25 1960

318-114-003-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Caldwell Taylor			2. Date of Birth (month) (day) (year): Oct. 14, 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Cambridge, Idaho
FATHER	6. Full Name of Father: Heman Caldwell Taylor			7. State or Country of Father's Birth: Fairview, Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Alfretta Bennett			9. State or Country of Mother's Birth: Kaysville, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James C. Taylor		11. Present Address of Registrant: Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1960 19	12. Signature of Notary: [illegible]		13. Notary Commission expires: 2-6-61 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Alfretta Bennett Taylor	Date Issued: 3-11-60	Date Orig. Entry:
	Date of Birth: Oct. 14, 1899 / Birth Place: Cambridge, Idaho	Full Name of Mother: Elizabeth Alfretta Bennett Taylor	Name of Father: Heman Caldwell Taylor	
SUPPORTING RECORD 2.	Type of Document: (copy) Certificate of Baptism	By whom issued and signed: James A. Daines, Clerk LDS Church ---	Date Issued: 10-20-07	Date Orig. Entry: Oct. 14, 1907
	Date of Birth: Oct. 14, 1899 / Birth Place: Bannock Co. Cambridge, Idaho	Full Name of Mother: Elizabeth Alfretta Bennett	Name of Father: Heman Caldwell Taylor	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: Winder Ward LDS Church, Winder, Ida.	Date Issued: 12-26-15	Date Orig. Entry: Dec. 14, 1915
	Date of Birth: Oct. 14, 1899 / Birth Place: Bannock Co. Cambridge, Idaho	Full Name of Mother: Elizabeth A. Bennett	Name of Father: Heman C. Taylor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: March 28, 1960

FORM BH 56067 3-2-60

MAR 28 1960

683-122-035-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-296

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elzie I. Oylear			2. Date Of Birth (month) April (day) 22 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: NezPerce	b. City or Town of Birth: Leland
FATHER	6. Full Name of Father: Lewis L. Oylear			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Annie A. Welker			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elzie I. Oylear		11. Present Address of Registrant: 1024 10th Street Clarkston, Washington
NOTARY (Seal)	Subscribed and sworn to before me on 3/28 1960	12. Signature of Notary: [illegible]		13. Notary Commission expires 1/26 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho Vital Statistics, #48-8477	Date Issued:	Date Orig. Entry: child born June 20, 1948
	Date of Birth: Age 49	Birth Place: Nez Perce Co., Idaho	Full Name of Mother: --	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of Application for Social Security Account No.	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: Nov 24, 1936
	Date of Birth: April 22, 1899	Birth Place: Leland, Idaho	Full Name of Mother: Annie Welker	Name of Father: Lewis L. Oylear
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt - age 71	By whom issued and signed: Carrie Welker Berreman	Date Issued: March 28, 1960	Date Orig. Entry: --
	Date of Birth: April 22, 1899	Birth Place: Nez Perce Co., Idaho	Full Name of Mother: Anna Welker Oylear	Name of Father: Louis L. Oylear
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: April 4, 1960

FORM BH 56067 2-5-60

APR 4 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Date of Birth: April 22			
2. Place of Birth (County or town): Lewiston	3. Sex: Male	4. Place of Birth: Nampa	
5. Full name of father: Lewis L. Oyler		6. State or country of father's birth: Missouri	
7. Maiden name of mother: Jessie A. Walker		8. State or country of mother's birth: Idaho	
9. I hereby declare that the statements made on this application are true to the best of my knowledge and belief.		10. Signature of Registrant:	11. Present address of applicant: 1001 10th Street, Washington, Washington
12. Signature of Affiant:		13. Relationship:	14. Mailing address:

15. Supporting Record:	16. Type of document: Copy of certificate	17. Date issued:	18. Date filed:
19. Supporting Record:	20. Name of document: Copy of Certificate	21. Date issued and signed:	22. Date filed: May 24, 1960
23. Date of birth: April 22, 1900	24. Place of birth: Lewiston, Idaho	25. Full name of mother: Jessie Walker	26. Name of father: Lewis L. Oyler
27. Supporting Record:	28. Name of document: April 22, 1900 - Lewiston, Idaho	29. Date issued and signed: Florence Walker Forrester	30. Date issued: March 28, 1960
31. Date of birth: April 22, 1900	32. Place of birth: Lewiston, Idaho	33. Full name of mother: Jessie Walker	34. Name of father: Louis L. Oyler
35. Supporting Record:			

36. I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

37. Signature: [illegible]	38. Evidence reviewed by: Jerome W. Tolle	39. Date filed: April 4, 1960

FORM DH 3009

2-3-60

349-223-044-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-326

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMILY JOHANNA CURTIS			2. Date Of Birth (month) (day) (year): MAY 23, 1899
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County	b. City or Town of Birth: BARTON, IDAHO
FATHER	6. Full Name of Father: WILLIAM EDWIN CURTIS			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MERCY MILES			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emily Johanna Curtis Jones		11. Present Address of Registrant: RFD #1, BLACKFOOT, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: OCTOBER 15 1959	12. Signature of Notary: Patricia E. Preston		13. Notary Commission expires: 2-6- 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Membership Application	By whom issued and signed: Society of Daughters of Utah Pioneers	Date Issued:	Date Orig. Entry: Oct. 21, 1953
	Date of Birth: May 23, 1899	Birth Place: ----	Full Name of Mother: Mercie Miles	Name of Father: William Edwin Curtis
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #92146	Date Issued:	Date Orig. Entry: child born June 7, 1921
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certified copy of L.D.S. Church Record (Membership)	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Date Issued: April 1 1960	Date Orig. Entry: Baptized Aug 3, 1907
	Date of Birth: May 23, 1899	Birth Place: Barton, Idaho	Full Name of Mother: Mercy Miles	Name of Father: Wm. E. Curtis
QUALIFYING INFORMATION	Marriage Record, Salt Lake County, Utah; 1-26-60: age 18 as of Feb. 5, 1918.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	April 14, 1960

FORM BH 56067

APR 15 1960

296-118-028-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-348

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Compton Brown		2. Date of Birth (month) July (day) 18 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: Charles Magnus Brown		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Jennie Virginia Compton		9. State or Country of Mother's Birth: Farmington, Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Compton Brown	11. Present Address of Registrant: 1320 Spruce St; Berkeley 9, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 29th 1960	12. Signature of Notary: Yvette T. Spurlen	13. Notary Commission expires: March 5th 1961	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Polytechnic High School San Francisco, California	Date Issued: 8-29-40	Date Orig. Entry: Sept. 25, 1914
	Date of Birth: July 18, 1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-15-60	Date Orig. Entry: June 1, 1900
	Date of Birth: July 1899 (10 mos.)	Birth Place: Idaho	Full Name of Mother: Jennie V. Brown	Name of Father: Charles M. Brown
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother-Age 70	By whom issued and signed: R. B. Brown	Date Issued: April 4, 1960	Date Orig. Entry: --
	Date of Birth: July 18, 1899	Birth Place: Post Falls, Idaho	Full Name of Mother: Jennie Virginia Brown	Name of Father: Charles Magnus Brown
QUALIFYING INFORMATION	Marriage Record, Placer County, Calif.: age 26 as of May 25, 1926; born-Idaho.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Joyce B. Foltz	Date Filed: April 20, 1960

FORM BH 56067 2-5-60

1 copy paid

APR 21 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

CHILD	1. Name of child (full name at birth)		2. Date of birth (month, day, year)
	3. Sex	4. Place of birth (county)	5. Place of birth (city or town)
FATHER	6. Full name of father		7. Place of birth (state or country)
MOTHER	8. Full maiden name of Mother		9. Place of birth (state or country)
AFFIDAVIT	10. Affidavit upon oath that the above statements are true to the best of my knowledge and belief.		11. Present address of applicant
	12. Signature and title of person to whom oath is given	13. Signature of applicant	14. Signature of witness
SUPPLEMENTAL—DO NOT WRITE BELOW THIS LINE			
	15. Name of person	16. Name and address of informant	Date issued
	17. Place of birth (city or town)	Full name at birth	Date orig. Entry
SUPPORTING EVIDENCE 1	18. Type of document	19. Name of file or records	Date issued
	20. Place of birth (city or town)	Full name at birth	Date orig. Entry
SUPPORTING EVIDENCE 2	21. Type of document	22. Name of file or records	Date issued
	23. Place of birth (city or town)	Full name at birth	Date orig. Entry
REGISTRAR'S CERTIFICATION	24. Registrar's statement: Based on the evidence submitted, I certify that the above-named person was born in the State of Idaho on July 20, 1920; Northwestern Hospital, Lewiston, Idaho.		
	25. Registrar's statement: Based on the evidence submitted, I certify that the above-named person was born in the State of Idaho on July 20, 1920; Northwestern Hospital, Lewiston, Idaho.		
REGISTRAR'S CERTIFICATION	26. Delayed certificate of birth certificate has been found in the Division of Vital Statistics for this person and that no certificate has been recorded, which substantiates the facts as set forth in the delayed certificate.		
	Registrar's signature	Evidence reviewed by	Date filed
	H. Jerome	Jerome E. Foltz	April 20, 1960

815-126-022-298

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-389

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Hansen			2. Date Of Birth (month) (day) (year): October 26th 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Home Fremont	b. City or Town of Birth: Driggs Idaho
FATHER	6. Full Name of Father: Andrew C. Hansen			7. State or Country of Father's Birth: Dominion of Albany
MOTHER	8. Full Maiden Name of Mother: Annie B. Bryant			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Hansen		11. Present Address of Registrant: Rt 2 Box 52 Layton Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1960	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 8 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostatic copy of own child birth certificate	By whom issued and signed: On file Utah Vital Statistics # --	Date Issued: -	Date Orig. Entry: child born Nov. 7, 1946
	Date of Birth: age 47	Birth Place: Driggs, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of app. for social security #517-12-8321	By whom issued and signed: U. S. Treasury Dept.	Date Issued: ---	Date Orig. Entry: Aug. 26, 1940
	Date of Birth: Oct. 26, 1899	Birth Place: Driggs, Idaho	Full Name of Mother: Anna Bell Bryant	Name of Father: Andrew C. Hansen
SUPPORTING RECORD 3.	Type of Document: Family Record Book	By whom issued and signed: --	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: Oct. 26, 1899	Birth Place: ---	Full Name of Mother: Annie B. Bryant	Name of Father: Andrew C. Hansen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: 1a Lois Ayers	Date Filed: May 9, 1960

FORM BH 56067

MAY 11 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D60-389

State Board of Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)
1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth

FATHER
6. Full Name of Father
7. State or Country of Father's Birth

MOTHER
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT
10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Signature of Registrant
12. Present address of Registrant

NOTARY
Subscribed and sworn to before me on
13. Signature of Notary
My commission expires

FOR STATE REGISTRAR — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photostatic copy of own child's birth certificate	On file Utah Vital Statistics # —	-	child born Nov. 7, 1926
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
age 47 Driggs, Idaho	—	—	

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photostatic copy of app. for social security #517-12-8321	U. S. Treasury Dept.	---	Aug. 26, 1937
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Oct. 26, 1899 Driggs, Idaho	Anna Bell Bryant	Andrew C. Hansen	

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record Book	--	--	obviously old
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Oct. 26, 1899 ---	Annie B. Bryant	Andrew C. Hansen	

QUALIFYING INFORMATION

STATE REGISTRAR'S CERTIFICATION
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents or evidence has been reviewed, which substantiates the facts as set forth in the foregoing entries.

State Registrar	Evidence reviewed by	Date Filed
W. Benson	la Lois Ayers	May 9, 1960

685-230-036-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-410

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable Wheeler			2. Date of Birth (month) April (day) 30, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida Co.	b. City or Town of Birth: Mapleton, Idaho
FATHER	6. Full Name of Father: Calvin Wheeler			7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Marian Hutchinson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mable Wheeler England		11. Present Address of Registrant: Moreland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1960	12. Signature of Notary: Dean Williams		13. Notary Commission expires: Aug 1 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record—Baptism	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 6-29-59	Date Orig. Entry: baptized April 30, 1907
	Date of Birth: April 30, 1899	Birth Place: Mapleton, Idaho	Full Name of Mother: Marian Hutchinson	Name of Father: Calvin Wheeler
SUPPORTING RECORD 2.	Type of Document: Notarized copy page from Genealogical record (Wheeler Family)	By whom issued and signed: original viewed by Dean Williams Notary Public, Blackfoot, Idaho	Date Issued: April 21, 1960	Date Orig. Entry: obviously old
	Date of Birth: April 30, 1899	Birth Place: Mapleton, Idaho Oneida County	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Statement re. School Census Marshal's Report	By whom issued and signed: V.F. Wootton, County Recorder Bingham County, Idaho	Date Issued: April 19, 1960	Date Orig. Entry: School year 1917-1918
	Date of Birth: age 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: Calvin Wheeler
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Joyce B. Foltz	Date Filed: May 17, 1960

FORM BH 56067

MAY 18 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD'S NAME	1. Child's full name at birth [illegible] Wheatley	2. Date of birth (month, day, year) April 20, [illegible]
	3. Sex of child Female	4. Place of birth (county, city, town) Lewiston, Idaho
FATHER	5. Full name of father Calvin [illegible]	6. State or country of father's birth [illegible]
MOTHER	7. Full maiden name of mother [illegible] Lewis Francis	8. State or country of mother's birth [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	9. Signature of Registrar [illegible]
	10. Present address of Registrar Moscow, Idaho	
STATE SEAL	Subscribed and sworn to before me on [illegible]	11. Signature of Notary [illegible]
	12. Notary Commission expires [illegible]	
SUPPORTING RECORD 1	Type of Record Church Record--Baptism	2. Place of Record St. Joseph, Lewis County, Idaho
	3. Date issued 5-20-60	4. Name and address of person to whom issued [illegible]
	5. Date of birth April 20, 1930	6. Place of birth Lewiston, Idaho
	7. Name of mother Patricia Wheatley	
SUPPORTING RECORD 2	Type of Document Notarized affidavit	2. Place of Document Lewiston, Idaho
	3. Date issued April 20, 1960	4. Name and address of person to whom issued [illegible]
	5. Date of birth April 20, 1930	6. Place of birth Lewiston, Idaho
	7. Name of mother Patricia Wheatley	
SUPPORTING RECORD 3	Type of Document School Census	2. Place of Document Lewiston, Idaho
	3. Date issued [illegible] 20, 1960	4. Name and address of person to whom issued [illegible]
	5. Date of birth April 20, 1930	6. Place of birth Lewiston, Idaho
	7. Name of mother Patricia Wheatley	
ADDITIONAL INFORMATION		
CERTIFICATE OF REGISTRAR	I hereby certify that no birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the delayed [illegible]	
	State Registrar [illegible]	Evidence reviewed by [illegible]
	Date filed May 27, 1960	

519-230-025-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-430
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL ELIZABETH NAIL		2. Date of Birth (month) April (day) 30 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grangeville Idaho	b. City or Town of Birth: (Near) Grangeville, Idaho
FATHER	6. Full Name of Father: Charley G. Nail		7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Eva M. Hardisty		9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Elizabeth Zumwalt	11. Present Address of Registrant: 906 Warner Avenue Lewiston, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on March 15, 19 59	12. Signature of Notary: Residing at Grangebille, Idaho	13. Notary Commission expires 3-18 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb 2, 1960	Date Orig. Entry: Census of June 1, 1900
Class*	Date of Birth: April 1899 Age 1	Birth Place: Idaho	Full Name of Mother: Eva M. Nail	Name of Father: Charles G. Nail	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Family Friend since birth Age 73		By whom issued and signed: Hilda A. Wood	Date Issued: Oct 22, 1958	Date Orig. Entry: ---
Class	Date of Birth: April 30, 1899	Birth Place: Near Grangeville, Idaho	Full Name of Mother: Eva M. Hardisty	Name of Father: Charlie G. Nail	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Court Record-Petition for Letters of Administration		By whom issued and signed: Idaho County Probate Court Eleanor G. Huff, Clerk	Date Issued: ----	Date Orig. Entry: filed Jan 9, 1919
Class	Date of Birth: Age 19	Birth Place: --	Full Name of Mother: Eva Nail	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: May 20, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 23 1960

1. Registrant's full name at birth: [illegible]

2. Date (month, day, year): April 20 1920

3. Place of birth (county, city, town): Emmettville, Idaho

4. Sex: Female

5. Place of birth: Emmettville Idaho

6. Full name of father: Charley T. Neal

7. Father's place of birth (state or country): Kansas

8. Full maiden name of mother: Eva M. Hardley

9. Mother's place of birth (state or country): Oregon

10. Signature of registrant

11. Present address of registrant: [illegible]

12. Signature of witness

13. Witness address

14. Date filed: May 20, 1960

15. Date issued: May 2, 1960

16. By whom issued and signature: [illegible]

17. Date of birth: [illegible]

18. Date issued: ---

19. By whom issued and signature: [illegible]

20. Date of birth: [illegible]

21. Date issued: ---

22. By whom issued and signature: [illegible]

23. Date of birth: [illegible]

24. Date issued: ---

25. By whom issued and signature: [illegible]

26. Date of birth: [illegible]

27. Date issued: ---

28. By whom issued and signature: [illegible]

29. Date of birth: [illegible]

30. Date issued: ---

31. By whom issued and signature: [illegible]

32. Date of birth: [illegible]

33. Date issued: ---

34. By whom issued and signature: [illegible]

35. Date of birth: [illegible]

36. Date issued: ---

37. By whom issued and signature: [illegible]

38. Date of birth: [illegible]

39. Date issued: ---

40. By whom issued and signature: [illegible]

41. Date of birth: [illegible]

42. Date issued: ---

43. By whom issued and signature: [illegible]

44. Date of birth: [illegible]

45. Date issued: ---

46. By whom issued and signature: [illegible]

47. Date of birth: [illegible]

48. Date issued: ---

49. By whom issued and signature: [illegible]

50. Date of birth: [illegible]

51. Date issued: ---

52. By whom issued and signature: [illegible]

53. Date of birth: [illegible]

54. Date issued: ---

55. By whom issued and signature: [illegible]

56. Date of birth: [illegible]

57. Date issued: ---

58. By whom issued and signature: [illegible]

59. Date of birth: [illegible]

60. Date issued: ---

61. By whom issued and signature: [illegible]

62. Date of birth: [illegible]

63. Date issued: ---

64. By whom issued and signature: [illegible]

65. Date of birth: [illegible]

66. Date issued: ---

67. By whom issued and signature: [illegible]

68. Date of birth: [illegible]

69. Date issued: ---

70. By whom issued and signature: [illegible]

71. Date of birth: [illegible]

72. Date issued: ---

73. By whom issued and signature: [illegible]

74. Date of birth: [illegible]

75. Date issued: ---

76. By whom issued and signature: [illegible]

77. Date of birth: [illegible]

78. Date issued: ---

79. By whom issued and signature: [illegible]

80. Date of birth: [illegible]

81. Date issued: ---

82. By whom issued and signature: [illegible]

83. Date of birth: [illegible]

84. Date issued: ---

85. By whom issued and signature: [illegible]

86. Date of birth: [illegible]

87. Date issued: ---

88. By whom issued and signature: [illegible]

89. Date of birth: [illegible]

90. Date issued: ---

91. By whom issued and signature: [illegible]

92. Date of birth: [illegible]

93. Date issued: ---

94. By whom issued and signature: [illegible]

95. Date of birth: [illegible]

96. Date issued: ---

97. By whom issued and signature: [illegible]

98. Date of birth: [illegible]

99. Date issued: ---

100. By whom issued and signature: [illegible]

101. Date of birth: [illegible]

102. Date issued: ---

103. By whom issued and signature: [illegible]

104. Date of birth: [illegible]

105. Date issued: ---

106. By whom issued and signature: [illegible]

107. Date of birth: [illegible]

108. Date issued: ---

109. By whom issued and signature: [illegible]

110. Date of birth: [illegible]

111. Date issued: ---

112. By whom issued and signature: [illegible]

113. Date of birth: [illegible]

114. Date issued: ---

115. By whom issued and signature: [illegible]

116. Date of birth: [illegible]

117. Date issued: ---

118. By whom issued and signature: [illegible]

119. Date of birth: [illegible]

120. Date issued: ---

121. By whom issued and signature: [illegible]

122. Date of birth: [illegible]

123. Date issued: ---

124. By whom issued and signature: [illegible]

125. Date of birth: [illegible]

126. Date issued: ---

127. By whom issued and signature: [illegible]

128. Date of birth: [illegible]

129. Date issued: ---

130. By whom issued and signature: [illegible]

131. Date of birth: [illegible]

132. Date issued: ---

133. By whom issued and signature: [illegible]

134. Date of birth: [illegible]

135. Date issued: ---

136. By whom issued and signature: [illegible]

137. Date of birth: [illegible]

138. Date issued: ---

139. By whom issued and signature: [illegible]

140. Date of birth: [illegible]

141. Date issued: ---

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818. Date of birth: [illegible]

819. Date issued: ---

820. By whom issued and signature: [illegible]

821. Date of birth: [illegible]

822. Date issued: ---

823. By whom issued and signature: [illegible]

824. Date of birth: [illegible]

825. Date issued: ---

826. By whom issued and signature: [illegible]

827. Date of birth: [illegible]

828. Date issued: ---

829. By whom issued and signature: [illegible]

830. Date of birth: [illegible]

831. Date issued: ---

832. By whom issued and signature: [illegible]

833. Date of birth: [illegible]

834. Date issued: ---

835. By whom issued and signature: [illegible]

836. Date of birth: [illegible]

837. Date issued: ---

838. By whom issued and signature: [illegible]

839. Date of birth: [illegible]

840. Date issued: ---

841. By whom issued and signature: [illegible]

842. Date of birth: [illegible]

843. Date issued: ---

844. By whom issued and signature: [illegible]

845. Date of birth: [illegible]

846. Date issued: ---

847. By whom issued and signature: [illegible]

848. Date of birth: [illegible]

849. Date issued: ---

850. By whom issued and signature: [illegible]

851. Date of birth: [illegible]

852. Date issued: ---

853. By whom issued and signature: [illegible]

854. Date of birth: [illegible]

855. Date issued: ---

856. By whom issued and signature: [illegible]

857. Date of birth: [illegible]

858. Date issued: ---

859. By whom issued and signature: [illegible]

860. Date of birth: [illegible]

861. Date issued: ---

862. By whom issued and signature: [illegible]

863. Date of birth: [illegible]

864. Date issued: ---

865. By whom issued and signature: [illegible]

866. Date of birth: [illegible]

867. Date issued: ---

868. By whom issued and signature: [illegible]

869. Date of birth: [illegible]

870. Date issued: ---

871. By whom issued and signature: [illegible]

872. Date of birth: [illegible]

873. Date issued: ---

874. By whom issued and signature: [illegible]

875. Date of birth: [illegible]

876. Date issued: ---

877. By whom issued and signature: [illegible]

878. Date of birth: [illegible]

879. Date issued: ---

880. By whom issued and signature: [illegible]

881. Date of birth: [illegible]

882. Date issued: ---

883. By whom issued and signature: [illegible]

884. Date of birth: [illegible]

885. Date issued: ---

886. By whom issued and signature: [illegible]

887. Date of birth: [illegible]

888. Date issued: ---

889. By whom issued and signature: [illegible]

890. Date of birth: [illegible]

891. Date issued: ---

892. By whom issued and signature: [illegible]

893. Date of birth: [illegible]

894. Date issued: ---

895. By whom issued and signature: [illegible]

896. Date of birth: [illegible]

897. Date issued: ---

898. By whom issued and signature: [illegible]

899. Date of birth: [illegible]

900. Date issued: ---

901. By whom issued and signature: [illegible]

902. Date of birth: [illegible]

903. Date issued: ---

904. By whom issued and signature: [illegible]

905. Date of birth: [illegible]

906. Date issued: ---

907. By whom issued and signature: [illegible]

908. Date of birth: [illegible]

909. Date issued: ---

910. By whom issued and signature: [illegible]

911. Date of birth: [illegible]

912. Date issued: ---

913. By whom issued and signature: [illegible]

914. Date of birth: [illegible]

915. Date issued: ---

916. By whom issued and signature: [illegible]

917. Date of birth: [illegible]

918. Date issued: ---

919. By whom issued and signature: [illegible]

920. Date of birth: [illegible]

921. Date issued: ---

922. By whom issued and signature: [illegible]

923. Date of birth: [illegible]

924. Date issued: ---

925. By whom issued and signature: [illegible]

926. Date of birth: [illegible]

927. Date issued: ---

928. By whom issued and signature: [illegible]

929. Date of birth: [illegible]

930. Date issued: ---

931. By whom issued and signature: [illegible]

932. Date of birth: [illegible]

933. Date issued: ---

934. By whom issued and signature: [illegible]

935. Date of birth: [illegible]

936. Date issued: ---

937. By whom issued and signature: [illegible]

938. Date of birth: [illegible]

939. Date issued: ---

940. By whom issued and signature: [illegible]

941. Date of birth: [illegible]

942. Date issued: ---

943. By whom issued and signature: [illegible]

944. Date of birth: [illegible]

945. Date issued: ---

946. By whom issued and signature: [illegible]

947. Date of birth: [illegible]

948. Date issued: ---

949. By whom issued and signature: [illegible]

950. Date of birth: [illegible]

951. Date issued: ---

952. By whom issued and signature: [illegible]

953. Date of birth: [illegible]

954. Date issued: ---

955. By whom issued and signature: [illegible]

956. Date of birth: [illegible]

957. Date issued: ---

958. By whom issued and signature: [illegible]

959. Date of birth: [illegible]

960. Date issued: ---

961. By whom issued and signature: [illegible]

962. Date of birth: [illegible]

963. Date issued: ---

964. By whom issued and signature: [illegible]

965. Date of birth: [illegible]

966. Date issued: ---

967. By whom issued and signature: [illegible]

968. Date of birth: [illegible]

969. Date issued: ---

970. By whom issued and signature: [illegible]

971. Date of birth: [illegible]

972. Date issued: ---

973. By whom issued and signature: [illegible]

974. Date of birth: [illegible]

975. Date issued: ---

976. By whom issued and signature: [illegible]

977. Date of birth: [illegible]

978. Date issued: ---

979. By whom issued and signature: [illegible]

980. Date of birth: [illegible]

981. Date issued: ---

982. By whom issued and signature: [illegible]

983. Date of birth: [illegible]

984. Date issued: ---

985. By whom issued and signature: [illegible]

986. Date of birth: [illegible]

987. Date issued: ---

988. By whom issued and signature: [illegible]

989. Date of birth: [illegible]

990. Date issued: ---

991. By whom issued and signature: [illegible]

992. Date of birth: [illegible]

993. Date issued: ---

994. By whom issued and signature: [illegible]

995. Date of birth: [illegible]

996. Date issued: ---

997. By whom issued and signature: [illegible]

998. Date of birth: [illegible]

999. Date issued: ---

1000. By whom issued and signature: [illegible]

386-223-038-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-469

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aletha Thompson		2. Date Of Birth (month) March (day) 23 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: George Albert Thompson		7. State or Country of Father's Birth: Ontario, Canada	
MOTHER	8. Full Maiden Name of Mother: Lily Chancy		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Aletha Thompson Clothier	11. Present Address of Registrant: Route 5, Box 829 Tucson, Arizona	
NOTARY (Seal)	Subscribed and sworn to before me on: May 13, 19 60	12. Signature of Notary: Elaine Samide	13. Notary Commission expires: June 2, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school record		By whom issued and signed: University of Washington Ethelyn Iner, Registrar	Date Issued: Jan. 27, 1960	Date Orig. Entry: entered Sept. 1917
	Date of Birth: March 23, 1899	Birth Place: ---	Full Name of Mother: Mrs. Lily Thompson	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: statement by family physician		By whom issued and signed: Harry E. Thompson, M.D. Tucson, Arizona	Date Issued: May 6, 1960	Date Orig. Entry: June 9, 1949
	Date of Birth: March 23, 1899	Birth Place: Payette, Idaho	Full Name of Mother: Lily Chancy	Name of Father: George A. Thompson	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records		By whom issued and signed: The Swedish Hospital, Anne Murphy, Medical Records	Date Issued: Feb. 17, 1960	Date Orig. Entry: admitted Oct. 4, 1920
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: Lily Chancy	Name of Father: George A. Thompson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: June 3, 1960

FORM BH 56067

1-19-60

JUN 3 1960

434-212-035-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-500

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL McMILLEN			2. Date Of Birth (month) (day) (year): APRIL 12 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nezperce County	b. City or Town of Birth: Woodside Idaho
FATHER	6. Full Name of Father: George A McMillen			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Emma Elizabeth Kriebel			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Libey		11. Present Address of Registrant: 611 Locust Ave. Coeur d'Alene Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 25, 1960	12. Signature of Notary: Sidney E. Smith		13. Notary Commission expires: November 14, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Emma E. McMillen	Date Issued: April 14, 1960	Date Orig. Entry: ---
	Date of Birth: April 12, 1899 / Birth Place: Woodside, Idaho Nez Perce co.	Full Name of Mother: Emma E. Kriebel	Name of Father: George A. McMillen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: #141558 Idaho Vital Statistics	Date Issued: ---	Date Orig. Entry: child born April 18, 1926
	Date of Birth: age 27 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Motor Vehicle Driver's License #35153	By whom issued and signed: Dept. of Law Enforcement State of Idaho	Date Issued: July 27, 1935	Date Orig. Entry: July 27, 1935
	Date of Birth: April 12 1899 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Penny Patterson	June 10, 1960

FORM BH 56067

3-22-60 one copy paid #00155

JUN 10 1960

Registrar's Number	Type of Document Affidavit by Mother	Date Issued April 24, 1960	Date Filed ---
Registrar's Number	Type of Document Our child's birth certificate	Date Issued ---	Date Filed ---
Registrar's Number	Type of Document Mother's Affidavit	Date Issued ---	Date Filed ---

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child, and that mandatory evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.

Registrar's Signature: [illegible]

Evidence received by: Dr. Henry [illegible]

Date Filed: June 10, 1960

263-118-006-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-501

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Jensen Kotter			2. Date of Birth (month) Nov. (day) 18 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Moreland	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: William Frederick Kotter			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Jensen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Jensen Kotter		11. Present Address of Registrant: R.F.D.#1, Brigham City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on June 8 1960	12. Signature of Notary: Mina Glover		13. Notary Commission expires: Mar. 11 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for life insurance policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: July 30, 1920	Date Orig. Entry: July 30, 1920
	Date of Birth: Nov. 18, 1899 / Birth Place: Moreland, Idaho	Full Name of Mother: Mary E. Kotter	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified application for license to marry	By whom issued and signed: K. B. Olsen, Box Elder, Utah county clerk	Date Issued: June 8, 1960	Date Orig. Entry: Sept. 25, 1939
	Date of Birth: Nov. 18, 1899 / Birth Place: Moreland, Idaho	Full Name of Mother: Mary Ellen Jensen	Name of Father: William Fredrick Kotter	
SUPPORTING RECORD 3.	Type of Document: certificate of blessing	By whom issued and signed: LDS Church, Eighth Ward, N. Box Elder stake, M. Glover, clerk	Date Issued: Dec. 9, 1951	Date Orig. Entry: blessed Jan. 7, 1900
	Date of Birth: Nov. 18, 1899 / Birth Place: Moreland, Idaho Bingham Co.	Full Name of Mother: Mary Ellen Jensen	Name of Father: William Fredrick Kotter	

QUALIFYING INFORMATION

Certificate of baptism and confirmation, LDS Church, Eighth Ward, North Box Elder, Utah, issued Dec. 9, 1951, baptized Nov. 18, 1907, gives birth date as Nov. k8, 1899, parents are William Frederick Kotter and Mary Ellen Jensen, born at Moreland, Bingham Ida.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 10, 1960

FORM BH 56067 6-1-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 10 1960

REGISTRANT

1. Registrant's Name at Birth

2. Place of Birth (County)

3. Date of Birth (Month) (Day) (Year)

4. City or Town of Birth

5. Sex

6. Color or Race

FATHER

7. Full Name of Father

8. Place of Birth (State or Country)

9. State or Country of Father's Birth

MOTHER

10. Full Maiden Name of Mother

11. State or Country of Mother's Birth

I declare under oath that the statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Present Address of Registrant

Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission Expires

Date June 3 19 60

Date Mar. 11

SUPPORTING RECORD 1.

Type of Record

Date Issued

Date Reg. Entry

Name of Father

Name of Mother

SUPPORTING RECORD 2.

Type of Record

Date Issued

Date Reg. Entry

Name of Father

Name of Mother

Date of Birth

Place of Birth

Mary Ellen Jensen

Mildred Fredrick Hodgins

Division of Vital Statistics, Department of Public Health, Boise, Idaho.

I do hereby certify that no other birth certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar

Evidence Reviewed by

Date Filed

Mrs. M. Jensen

Mrs. M. Jensen

1-1-60

652-226-005-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rachel T. Fisher			2. Date of Birth (month) July (day) 26 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Benewah	b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: Joseph Fisher			7. State or Country of Father's Birth: Elmira, New York
MOTHER	8. Full Maiden Name of Mother: Addie Lewis			9. State or Country of Mother's Birth: Harrisville, Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rachel T. Durkley		11. Present Address of Registrant: 4707 Madison Spokane Wash
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1960	12. Signature of Notary: John O. Shaw Jr.		13. Notary Commission Expires: July 2 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (Age 71)	By whom issued and signed: Birt F. Fisher	Date Issued: July 31, 1957	Date Orig. Entry: ---
	Date of Birth: July 26, 1899 / Birth Place: St. Mary's, Idaho	Full Name of Mother: Addie Fisher	Name of Father: Joseph Fisher	
SUPPORTING RECORD 2.	Type of Document: application for life Insurance	By whom issued and signed: Westland Life Insurance Co. San Francisco, California	Date Issued: --	Date Orig. Entry: Aug 10, 1953
	Date of Birth: July 26, 1899 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified certificate of registration for voting	By whom issued and signed: A. A. Brown, City clerk, Spokane, Washington	Date Issued: June 1, 1960	Date Orig. Entry: July 22, 1936
	Date of Birth: age 36 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: bf Penny Patterson		Date Filed: June 10, 1960

FORM BH 56067

JUN 13 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

1. NAME	2. Name at birth (First, middle, last) Rudolf F. Fisher		3. Date of birth (Month) July (Day) 25 (Year) 1902
	4. Color or Race White	5. Sex Female	6. Place of birth (County) Bonneville
FATHER	8. Full Name of Father Joseph Fisher		9. State or country of birth Switzerland
MOTHER	10. Full maiden name of Mother Eddie Lewis		11. State or country of birth Switzerland
AFFIDAVIT	I hereby declare, upon oath, that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission Expires

SUPPORTING EVIDENCE 1.	Type of Document Affidavit by Brother	By whom issued and signed Rudolf F. Fisher	Date issued July 1, 1960
			Name of Issuer
SUPPORTING EVIDENCE 2.	Type of Document Petition for Delayed Birth Certificate	By whom issued and signed Idaho Falls Transcript Co. Idaho Falls, Idaho	Date issued Aug 18, 1903
	Date of Birth July 25, 1902	Birth Place Idaho	Name of Mother ---
SUPPORTING EVIDENCE 3.	Type of Document	By whom issued and signed	Date issued
	Date of Birth	Birth Place	Name of Mother

I hereby certify that no prior birth certificate has been filed in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Name of Registrar	Evidence reviewed by	Date filed
		June 2, 1960

215-208-022-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franney Genetta Sanders			2. Date Of Birth (month) (day) (year): January 8 1899
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Grant
FATHER	6. Full Name of Father: Chris Sobell Sanders			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Franney Frances Lowe			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franney Sanders		11. Present Address of Registrant: Route No. 1 South Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1960	12. Signature of Notary: R. D. Bishop		13. Notary Commission expires: Sept. 4 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: Idaho #820	Date Issued: ---	Date Orig. Entry: child born Sept. 19, 1929
	Date of Birth: age 30	Birth Place: Grant, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Franney L. Sanders	Date Issued: June 1, 1960	Date Orig. Entry: ---
	Date of Birth: Jan. 8, 1899	Birth Place: Grant, Idaho FremontCounty	Full Name of Mother: Franney Frances Lowe	Name of Father: Chris Sobell Sanders
SUPPORTING RECORD 3.	Type of Document: statement regarding school record (Bonneville)	By whom issued and signed: Class A School Dis. No. 25 Rulon M. Ellis, Director	Date Issued: June 2, 1960	Date Orig. Entry: attended 1908-1909
	Date of Birth: Jan. 8, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: Chris Sanders
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 13, 1960

FORM BH 56067

JUN 13 1960

131-207-004-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-527

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luella May Aland			2. Date Of Birth (month) April (day) 7 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bloomington, Idaho
FATHER	6. Full Name of Father: James Francis Aland			7. State or Country of Father's Birth: Bearl Lake County, Idaho
MOTHER	8. Full Maiden Name of Mother: Rachel Mae Nelson			9. State or Country of Mother's Birth: Bear Lake County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luella May Aland Jensen		11. Present Address of Registrant: 427 E. 13th., Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1960	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 15 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding insurance policy no. 212613	By whom issued and signed: Columbian National Life Insurance Co. C. P. Phillips, sec	Date Issued: May 26, 1960	Date Orig. Entry: issued Sept. 30, 1932
	Date of Birth: April 7, 1899	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2.	Type of Document: certificate of church record of birth	By whom issued and signed: LDS Church Salt Lake City, Utah, Joseph Smith, Hist.	Date Issued: May 18, 1960	Date Orig. Entry: recorded Aug. 6, 1899
	Date of Birth: April 7, 1899	Birth Place: Bloomington, Idaho Bear Lake Co.	Full Name of Mother: May Nelson	Name of Father: Frank Aland
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt age 85 born 1875	By whom issued and signed: Ida Thompson	Date Issued: May 31, 1960	Date Orig. Entry: ---
	Date of Birth: April 7, 1899	Birth Place: Bloomington, Idaho Bear Lake Co.	Full Name of Mother: Rachel Mae Nelson	Name of Father: James Francis Aland
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 15, 1960

FORM BH 56067

6-1-60 one copy paid #02901

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 16 [illegible]

1. Registrant's Full Name at Birth Sheila Mary Aland		2. Date (Month) (Day) (Year) April 7 1939	
3. Sex Female	4. Place of Birth Bear Lake	5. City or Town of Birth Bloomington, Idaho	
6. Full Name of Father James Francis Aland		7. State or Country of Father's Birth Bear Lake County, Idaho	
8. Full Maiden Name of Mother Rachel Mae Nelson		9. State or Country of Mother's Birth Bear Lake County, Idaho	
10. I hereby declare that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant 427 E. 10[illegible], Idaho Falls, Id[illegible]	
13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires	

AFFIDAVIT - TO BE FILLED OUT BY PERSON WHO FILED THE FIRST RECORD

SUPPORTING RECORD 1	1. Type of Document Birth Certificate	2. Name Issued and Signed Lois Gordon Aland	3. Date Issued [illegible]
	4. Date of Birth, Birth Place April 7 1939 Idaho	5. Full Name of Mother Rachel Nelson	6. Maiden Name of Mother
SUPPORTING RECORD 2	1. Type of Document	2. Name Issued and Signed Gary Neilson	3. Date Issued [illegible]
	4. Date of Birth, Birth Place April 7 1939	5. Full Name of Mother Rachel Nelson	6. Maiden Name of Mother

SEARCH INFORMATION

Search Results: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date of Search | Signature | Evidence Reviewed by

458-206-003-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-537

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida, Oly, Meyers		2. Date Of Birth (month) June (day) 6 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: Garden Creek
FATHER	6. Full Name of Father: Jacob Joseph Meyers		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Bertha Scharer BERTHA. SCHARER		9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Wood	11. Present Address of Registrant: 6144 Carr, Ave, No. Hollywood Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: 10-3-58 19__	12. Signature of Notary: Leon Lurell	13. Notary Commission expires: July 11 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #211720	Date Issued:	Date Orig. Entry: child born April 15, 1933
	Date of Birth: age 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: family record	By whom issued and signed: ----	Date Issued: ----	Date Orig. Entry: baptized june 6, 1909
	Date of Birth: June 6, 1899	Birth Place: Garden Creek, Idaho	Full Name of Mother: Bertha Scharer	Name of Father: Jacob Joseph Meyers
SUPPORTING RECORD 3.	Type of Document: blessing by Patriarch	By whom issued and signed: Pocatello Stake Patriarch Calvin Delos McOmber	Date Issued: ---	Date Orig. Entry: blessed Jan. 11, 1942
	Date of Birth: June 6, 1899	Birth Place: Gorden Creek, Ida.	Full Name of Mother: Bertha Sharer	Name of Father: Jacob J. Meyers
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: mr Penny Patterson	Date Filed: June 17, 1960

FORM BH 56067

JUN 17 1960

FEB 23 1960

759-206-010-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-667

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Diedamie Perkins			2. Date Of Birth (month) Aug. (day) 6 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Falls Bonnieville	b. City or Town of Birth: Idaho Falls, Ida.
FATHER	6. Full Name of Father: Hardy Perkins			7. State or Country of Father's Birth: Ky.
MOTHER	8. Full Maiden Name of Mother: Rose Mealthy			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Diedamie Perkins Ellenburg		11. Present Address of Registrant: 5115 Floral Blvd.
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1960	12. Signature of Notary: Neal E. Shea		13. Notary Commission expires: Jan. 26 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License and Marriage Certificate	By whom issued and signed: G.A.Kelley, Clerk of Court Powell Co., Montana	Date Issued: Feb 14, 1933	Date Orig. Entry: Feb. 14, 1933
	Date of Birth: age 33 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Rose Mealthy	Name of Father: Hardy Perkins	
SUPPORTING RECORD 2.	Type of Document: Affidavit of Voting	By whom issued and signed: William T. Duckham, County Recorder, Silver Bow Co., Montana	Date Issued: April 28, 1960	Date Orig. Entry: May 31, 1932
	Date of Birth: age 32 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: record of church membership L.D.S. Church	By whom issued and signed: Butte East Ward, Frederick F. Smart, Ward clerk	Date Issued: ----	Date Orig. Entry: baptized Sept. 4, 1909
	Date of Birth: Aug. 6, 1899 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Rose Mealthy	Name of Father: Hardy Perkins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Penny Patterson	Date Filed: August 1, 1960

FORM BH 56067 4-21-60

AUG 2 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FOR CHANGE	1. Name of child at birth	2. Date of birth (month) (day) (year) Aug. 6 1969	
	Jeremy Perkins		
	3. Color or Race White	4. Sex F	5. Place of birth (county) Idaho Falls Bonneville	6. City or town of birth Idaho Falls, Ida.
FATHER	7. Full name of father Larry Perkins		8. State or country of father's birth U.S.
MOTHER	9. Full maiden name of mother Rose Worley		10. State or country of mother's birth U.S.
AFFIDAVIT	Affidavit signed and sworn to before me by the above signatories are true to the best of my knowledge and belief.	12. Signature of Registrar	13. Present address of Registrar
NOTARY	14. Notary Public	15. Signature of Notary	16. Notary commission expires
SUPPORTING DOCUMENTS	Type of document Marriage License	Date issued Aug. 30, 1968	Issued by Bonneville County Idaho Falls, Idaho
	Name of issuer Bonneville County	Full name of father Larry Perkins	Date filed Aug. 30, 1968
SUPPORTING RECORD 2.	Type of document Hospital Record	Date issued Aug. 6, 1969	Issued by Idaho Falls Idaho
	Name of issuer Idaho Falls Idaho	Full name of father Larry Perkins	Date filed Aug. 6, 1969
SUPPORTING RECORD 3.	Type of document	Date issued	Issued by
	Name of issuer	Full name of father	Date filed
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the filing of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the delayed affidavit.		
	Date Registrar	Evidence reviewed by	Date filed

319-120-021-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-673

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Guy Leon Carver		2. Date of Birth (month) (day) (year): August 20th 1899
	3. Color or Race	4. Sex	5. Place of Birth a. County: Treasureton Franklin; b. City or Town of Birth: Treasureton, Idaho
FATHER	6. Full Name of Father: Thomas Wright Carver		7. State or Country of Father's Birth: Beccles Suffolk England
MOTHER	8. Full Maiden Name of Mother: Sarah Angeline Griffith		9. State or Country of Mother's Birth: Hyde Park Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Guy Leon Carver	11. Present Address of Registrant: Soda Springs Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 20th 19 60	12. Signature of Notary: Lee M. Warner	13. Notary Commission expires: 8/3 - 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #237141	Date Issued: -------	Date Orig. Entry: child born Oct. 27, 1935
	Date of Birth: age 36 / Birth Place: Treasureton, Ida.	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding marriage records at L.D.S. Temple	By whom issued and signed: A. George Raymond, Pres. Logan Temple, Bk. A-2, Pg. 137, no. 2013	Date Issued: June 17, 1960	Date Orig. Entry: married Oct. 11, 1922
	Date of Birth: Aug. 20, 1899 / Birth Place: Treasureton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certificate of record of church membership	By whom issued and signed: LDS Church, Salt Lake City, Utah, Harry D. Sorensen, Cust.	Date Issued: June 29, 1960	Date Orig. Entry: baptized August 20, 1907
	Date of Birth: Aug. 20, 1899 / Birth Place: Treasureton, Idaho	Full Name of Mother: Angeline Griffeth	Name of Father: Thomas Wright	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: Aug. 3, 1960

FORM BH 56067 3-28-60

AUG 3 1990

919-120-029-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Basil Elgin Raines			2. Date of Birth (month) (day) (year): September 20, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Alex Raines			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ellie M. Kinyon			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Basil Elgin Raines		11. Present Address of Registrant: Route No. 3 Valier, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: August 2, 19 60	12. Signature of Notary: [illegible]		13. Notary Commission expires: November 16, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Ellie M. Raines	Date Issued: June 10, 1960	Date Orig. Entry: -----
	Date of Birth: Sept. 20, 1899	Birth Place: Moscow, Idaho	Full Name of Mother: Ellie M. Raines	Name of Father: Alex Raines
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: State of Montana, Louise Kingsbury, Pondera Co. record.	Date Issued: June 15, 1960	Date Orig. Entry: child born Dec. 28, 1924
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Registry card #2664	By whom issued and signed: State of Montana, Louise Kingsbury, Pondera Co. recorder	Date Issued: June 15, 1960	Date Orig. Entry: May 21, 1938
	Date of Birth: age 38	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: Aug. 9, 1960

FORM BH 56067

4-25-60

AUG 9 1960

962-115-001-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-693

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lon Rose			2. Date Of Birth (month) (day) (year): August 15 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian,
FATHER	6. Full Name of Father: Judson Rose			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Emma Streder			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lon Rose		11. Present Address of Registrant: 1308 Vermont St Boise
NOTARY (Seal)	Subscribed and sworn to before me on: August 5 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement Re. Hospital records	By whom issued and signed: St. Lukes Hospital Boise Minnie M. Nelson MRL	Date Issued: August 2, 1960	Date Orig. Entry: November 20, 1948
	Date of Birth: August 15, 1899	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Statement regarding Employment record	By whom issued and signed: Steve Taylor, Fire Chief City of Boise, Idaho	Date Issued: Aug. 5, 1960	Date Orig. Entry: March 18, 1925
	Date of Birth: August 15, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by Neighbor at the time of this birth	By whom issued and signed: Cecelia J. Sailor, age 80	Date Issued: Aug. 8, 1960	Date Orig. Entry: ---
	Date of Birth: August 15, 1899	Birth Place: Meridian, Idaho	Full Name of Mother: Emma Rose	Name of Father: Judson Rose
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ec Joyce B. Foltz	Date Filed: August 10, 1960

FORM BH 56067

AUG 10 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Name of child (Person above which is being registered)	2. Sex: Male	3. Place of birth: Idaho
	4. Date of birth: August 15, 1929		
FATHER	5. Full name of father: [illegible]	6. Color or race: White	7. State or country of father's birth: New York
MOTHER	8. Maiden name of mother: Bridget Doge	9. Color or race: White	10. State or country of mother's birth: England
AFFIDAVIT	11. Person making affidavit was first to the best of my knowledge and belief.	12. Relationship of Registrant	13. Present address of Registrant
MILITARY	14. Subscribed and sworn to before me	15. Signature of notary	16. Notary Commission expires

AFFIDAVIT OF PERSONAL KNOWLEDGE

SUPPORTING RECORD 1.	1. Type of document: Employment	2. Date issued and signature: Mr. Jackes Coastal Brice	Date issued: August 2, 1960
	Date of birth: August 15, 1929		Name of issuer: Nov. 20,
SUPPORTING RECORD 2.	3. Type of document: Employment record	4. Date issued and signature: Steve Taylor, Fire Chief	Date issued: Aug. 5, 1960
	Date of birth: August 15, 1929		Name of issuer: Nov. 19, 1929
SUPPORTING RECORD 3.	5. Type of document: Affidavit by Neighbor as to the date of birth	6. Date issued and signature: Lucille J. Taylor, age 60	Date issued: Aug. 5, 1960
	Date of birth: August 15, 1929		Name of issuer: Judson Doge
EVIDENCE REVIEWED BY REGISTRAR	Registrar	Evidence reviewed by: Joyce E. Doty	Date filed: August 10, 1960

815-219-010-345

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-746
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Marie Hanson			2. Date Of Birth (month) Nov. (day) 19 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Lars Hanson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Laura Margaret Lund			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura Marie Miller		11. Present Address of Registrant: Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 19 60	12. Signature of Notary: J. Elaine Pederson		13. Notary Commission expires: Jan. 1 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: family record book	By whom issued and signed: kept by mother	Date Issued: ----	Date Orig. Entry: obviously old
Class*	Date of Birth: Nov.19,1899 / Birth Place: ----	Full Name of Mother: Laura Margrethe Lund	Name of Father: Lars Hanson	
SUPPORTING RECORD 2.	Type of Document: census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Junell,1953	Date Orig. Entry: census of June 1, 1900
Class	Date of Birth: Nov. 1899 / Birth Place: Idaho	Full Name of Mother: Laura Hanson	Name of Father: Lars Hanson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Sept. 22, 1952
Class	Date of Birth: Nov.19,1899 / Birth Place: Idaho Falls,Idaho Bonneville County	Full Name of Mother: Laura Margret Lund	Name of Father: Lars Hanson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: Aug. 26, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 26 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's Number

Division of Vital Statistics

Boise, Idaho

Registrant — (Person whose birth is being registered)

1. Name of child at birth: Lorene Grace Gibson

2. Date of birth (month, day, year): 10 Nov. 1929

3. Place of birth: a. County: Nez Perce; b. City or town of birth: Lewiston

4. Sex: Female

FATHER

5. Full name of father: Lorne Gibson

6. State or country of father's birth: Montana

MOTHER

7. Full maiden name of mother: Therese Genevieve Lund

8. State or country of mother's birth: Montana

Affidavit

9. Signature of registrant: Lorene Gibson

10. Present address of registrant: Lewiston, Idaho

11. Above statements have been made under oath and are true to the best of my knowledge and belief.

NOTARY (Seal)

12. Signature of Notary: [illegible]

13. Notary commission (Seal): Jan. 1, 1980

SUPPORTING RECORD 1.

Type of document: Family record book

Date of birth: ----

Birth place: ----

By whom issued and signed: Kept by mother

Date issued: ----

Full name of mother: Therese Genevieve Lund

Name of father: Lorne Gibson

Class: ----

SUPPORTING RECORD 2.

Type of document: Personal record

Date of birth: Nov. 10, 1929

Birth place: Lewiston, Idaho

By whom issued and signed: Secretary of Commerce Bureau of the Census

Date issued: ----

Full name of mother: Therese Genevieve Lund

Name of father: Lorne Gibson

Class: ----

SUPPORTING RECORD 3.

Type of document: Social Security number application

Date of birth: Nov. 10, 1929

Birth place: Lewiston, Idaho

By whom issued and signed: Secretary Department of Treasury

Date issued: ----

Full name of mother: Therese Genevieve Lund

Name of father: Lorne Gibson

Class: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the report above.

Date of filing: 29 Aug. 1980

Evidence reviewed by: Penny Rodgerson

Date filed: Aug. 29, 1980

Fees: Registration fee [illegible] made and filed during [illegible] year. [illegible] fee made after the month following out [illegible] year's expiration.

Form B Revised [illegible]

299-203-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Maurine Bird			2. Date Of Birth (month) (day) (year): May 3, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: Jonathan Freeman Bird			7. State or Country of Father's Birth: Provo, Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Agnes Willey			9. State or Country of Mother's Birth: Mendon, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary M. Cotterell		11. Present Address of Registrant: 600 Anderson Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics Idaho #182130	Date Issued:	Date Orig. Entry: Child born May 23, 1930
	Date of Birth: Age 31	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: Idaho Falls LDS Hospital, Lelia Garland, Med. Records Lib.	Date Issued: July 1, 1960	Date Orig. Entry: admitted May 23, 1930
	Date of Birth: age 31	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: George McKinley Richman age 73	Date Issued: Aug. 16, 1960	Date Orig. Entry: ------
	Date of Birth: May 3, 1899	Birth Place: Teton City, Idaho	Full Name of Mother: Hannah Agnes Willey	Name of Father: Jonathan Freeman Bird
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: ses pp Penny Patterson	Date Filed: Aug. 26, 1960

FORM BH 56067

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AUG 29 1960

567-206-028-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-780

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Mildred M. Nogle		2. Date Of Birth (month) 1 (day) 6 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Post Falls Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: David B. Nogle		7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Anona Odell		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. E. C. Peterson	11. Present Address of Registrant: 1813 Castlerock St. Wenatchee, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd of Sept. 1960	12. Signature of Notary: Harley W. Bryant	13. Notary Commission expires: July 23, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital records	By whom issued and signed: Central Wash. Deaconess Hospital, Bertha E. Reich, librarian	Date Issued: July 1, 1960	Date Orig. Entry: patient Jan. 1939
	Date of Birth: Jan. 6, 1899 / Birth Place: Post Falls, Idaho	Full Name of Mother: Anona Odell	Name of Father: David B. Nogle	
SUPPORTING RECORD 2.	Type of Document: copy of own child's birth certificate	By whom issued and signed: State of Wash. A. Bailey State Registrar	Date Issued: June 25, 1943	Date Orig. Entry: child born Feb. 14, 1929
	Date of Birth: age 30 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of return of marriage	By whom issued and signed: Melba K. Firoved, Douglas Co. Wash. auditor	Date Issued: ----	Date Orig. Entry: Feb. 26, 1920
	Date of Birth: age 21 / Birth Place: Idaho	Full Name of Mother: Anola Odell	Name of Father: David Nogle	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 7, 1960

FORM BH 56067

6-15-60 1 copy paid #03531

SEP 7 1960

238-230-018-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-790

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvel Lillian Lilyan Schroeder			2. Date of Birth (month) (day) (year): March 30, 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~[illegible]~~ Clearwater	b. City or Town of Birth: Fraser
FATHER	6. Full Name of Father: Henry Schroeder			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Alvena Schultz			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvel Schroeder Granlund		11. Present Address of Registrant: Deary, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 23, 19 58	12. Signature of Notary: [illegible]		13. Notary Commission expires: December 30, 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: R. D. Osterhout Methodist Episcopal Church	Date Issued: 3-5-01	Date Orig. Entry: March 5, 1901
	Date of Birth: March 30, 1899	Birth Place: Fraser (state of birth not shown)	Full Name of Mother: Alvena Schroeder	Name of Father: Henry Schroeder
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #155403	Date Issued:	Date Orig. Entry: child born Aug. 30, 1927
	Date of Birth: age 28	Birth Place: Fraser, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: statement regarding school records	By whom issued and signed: Clearwater Co. Auditor, Gayle Hayden, School Dis. #1	Date Issued: Sept. 6, 1960	Date Orig. Entry: school census Sept. 29, 1915
	Date of Birth: age 16	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Penny L. Wing	Date Filed: Sept. 9, 1960

FORM BH 56067

Fee paid

SEP 9 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Name of child (first, middle, last)	Marvel Lillian Schroeder	2. Sex	Female
3. Date of birth (month, day, year)	March 30, 1899	4. Place of birth (county, city, town)	Preston, Idaho
5. Father's name	Henry Schroeder	6. Father's birthplace (state or country)	Germany
7. Mother's name	Alvina Schulz	8. Mother's birthplace (state or country)	Germany
9. Signature of informant		10. Relationship of informant	
11. Address of informant		12. Present address of informant	Lava, Idaho
13. Signature of attendant		14. Attendant's address	
15. Date of statement	April 23, 1959	16. Attendant's address	December 30, 1959

SUPPORTING AFFIDAVIT — IF NOT FILED WITHIN 1 YEAR

1. Type of document	Church Record--Baptism	2. Date filed	
3. Name of person on document	Alvina Schroeder	4. Relationship to child	Mother
5. Date of birth	March 30, 1899	6. Place of birth	Preston, Idaho
7. Date issued and signed		8. Date issued	
9. Full name of father	---	10. Name of father	
11. Date of birth	---	12. Place of birth	
13. Full name of mother	---	14. Date issued and signed	
15. Date of birth	---	16. Place of birth	
17. Date issued		18. Place of birth (city, county, state)	

SUPPORTING AFFIDAVIT — IF NOT FILED WITHIN 1 YEAR

1. Type of document		2. Date filed	
3. Name of person on document		4. Relationship to child	
5. Date of birth		6. Place of birth	
7. Date issued and signed		8. Date issued	
9. Full name of father		10. Name of father	
11. Date of birth		12. Place of birth	
13. Full name of mother		14. Date issued and signed	
15. Date of birth		16. Place of birth	
17. Date issued		18. Place of birth (city, county, state)	

ADDITIONAL INFORMATION

I hereby certify that no birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the delayed certificate.

State Registrar	Evidence reviewed by	Date filed

155-209-036-492

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-791

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARIE KRISTINA CAROLINE JENSEN			2. Date of Birth (month) OCTOBER (day) 9 (year) 1899
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ONEIDA	b. City or Town of Birth: WESTON
FATHER	6. Full Name of Father: AUGUST JENSEN			7. State or Country of Father's Birth: DENMARK
MOTHER	8. Full Maiden Name of Mother: MARIE CHRISTINA MIKKELSEN			9. State or Country of Mother's Birth: DENMARK
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie J. Nelson		11. Present Address of Registrant: 171 West 14th St. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Sept 1 1960	12. Signature of Notary: Jeanny Crowley		13. Notary Commission expires Sept 1 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth	By whom issued and signed: Hulda Nelson age 81	Date Issued: Aug. 18, 1960	Date Orig. Entry: ----
	Date of Birth: Oct. 9, 1899	Birth Place: Weston, Idaho	Full Name of Mother: Marie Christina Mikkelsen	Name of Father: August Jensen
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #80791	Date Issued: ------	Date Orig. Entry: child born June 7, 1920
	Date of Birth: age 20	Birth Place: Weston, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: certificate of baptism and confirmation	By whom issued and signed: LDS Church, Weston Ward, A. A. Rofoed, clerk	Date Issued: ------	Date Orig. Entry: baptized Oct. 2, 1910
	Date of Birth: Oct. 9, 1899	Birth Place: Oneida County Weston, Idaho	Full Name of Mother: Marie Christina Mikkelsen	Name of Father: August Jensen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: pp Penny L. Wing	Date Filed: Sept. 9, 1960

FORM BH 56067

SEP 9 1960

796-213-002-616

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-833

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH ELISE GROSSEN			2. Date of Birth (month) September (day) 13 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Adams	b. City or Town of Birth: Goodrich
FATHER	6. Full Name of Father: Adolf Grossen			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Elise Wafler			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Elise Selby		11. Present Address of Registrant: Council, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 16th 19 60	12. Signature of Notary: Roger Swanstrom		13. Notary Commission expires: April 28 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Adolf Grossen	Date Issued: Aug.31,1960	Date Orig. Entry: ------
	Date of Birth: Sept. 13, 1899	Birth Place: Wash. Co. (Adams) Goodrich, Idaho	Full Name of Mother: Elise Wafler	Name of Father: Adolf Grossen
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #99749	Date Issued: ------	Date Orig. Entry: child born Feb. 16, 1922
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: insurance policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Nov.21,1939	Date Orig. Entry: Nov.21,1939
	Date of Birth: Sept. 13, 1899	Birth Place: Goodrich, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Sept. 23, 1960

FORM BH 56067

SEP 26 1960

864-14-025-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Hodgson			2. Date Of Birth (month) Oct. (day) 14 (year) 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho	b. City or Town of Birth: White Bird
FATHER	6. Full Name of Father: George Washington Hodgson			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Louise Marie Clemung			9. State or Country of Mother's Birth: New York City New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene Hodgson		11. Present Address of Registrant: 5523 S.E. Flavel
NOTARY (Seal)	Subscribed and sworn to before me on: Sept-19 1960	12. Signature of Notary: Bill K. Pickey		13. Notary Commission expires: May 5 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding union records Portland Oregon	By whom issued and signed: Local #75, Journeymen, barbers, Ect. Thomas J. Baker, Sec. Treas.	Date Issued: Sept. 1, 1960	Date Orig. Entry: applied Jan. 17, 1946
	Date of Birth: Oct. 14, 1899	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: census record	By whom issued and signed: US. Dept. of Commerce Bureau of the Census	Date Issued: Oct. 21, 1941	Date Orig. Entry: census of June 1, 1900
	Date of Birth: Oct. 1899	Birth Place: Idaho	Full Name of Mother: Louisa Hodson	Name of Father: G. W. Hodson
SUPPORTING RECORD 3.	Type of Document: photocopy of Selective Service registration card	By whom issued and signed: John H. Neilson, Lt. Colonel Invantry, Manpower Officer	Date Issued: Sept. 23, 1960	Date Orig. Entry: 1941
	Date of Birth: Oct. 14, 1899	Birth Place: White Bird, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: pw Penny L. Wing	Date Filed: Sept. 29, 1960

FORM BH 56067

1 copy paid #6481 8-30-60

9-2

SEP 29 1980

796-11-006-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-856

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Dean Grover			2. Date Of Birth (month) (day) (year): May 11, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Sterling Bingham	b. City or Town of Birth: Sterling, Idaho
FATHER	6. Full Name of Father: Justin Alvaro Grover			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Jane Swift			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Dean Grover		11. Present Address of Registrant: Mc Cammon Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 21st 1960	12. Signature of Notary: Mildred E. Lindenschmitt		13. Notary Commission expires: Oct 25 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #118650	Date Issued: ----	Date Orig. Entry: child born Jan. 18, 1924
	Date of Birth: age 24 / Birth Place: Sterling, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: copy of designation, change, and revocation of beneficiary	By whom issued and signed: U. S. Civil Service Commiss.	Date Issued: July 20, 1945	Date Orig. Entry: July 11, 1945
	Date of Birth: May 11, 1899 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Agnes Driscoll	Date Issued: Sept. 29, 1960	Date Orig. Entry: ----
	Date of Birth: May 11, 1899 / Birth Place: Sterling, Idaho	Full Name of Mother: Jane Swift	Name of Father: Justin Alvaro Grover	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pp Penny L. Wing	Date Filed: Oct. 3, 1960

FORM BH 56067

3-18-60

OCT 4 1960

OCT 13 1960

869-230-044-717

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-868

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oral Isabelle York			2. Date Of Birth (month) May (day) 30 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Weiser Wash.	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Edward Brockman York			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Leanora Witt Page			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oral Aplington		11. Present Address of Registrant: Globe Apts. Weiser Ida.
NOTARY (Seal)	Subscribed and sworn to before me on July 22 1960	12. Signature of Notary: E W Waterhouse		13. Notary Commission expires Jan. 1, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of own childs birth certificate	By whom issued and signed: State of Washington Violet M. Paine	Date Issued: July 22, 1960	Date Orig. Entry: child born Jan. 1, 1931
	Date of Birth: age 31	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Leanora W. York	Date Issued: Apr.2,1959	Date Orig. Entry: ------
	Date of Birth: May 30,1899	Birth Place: Weiser, Idaho	Full Name of Mother: Leanora W. York	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Feb. 27, 1939
	Date of Birth: May 30,1899	Birth Place: Weiser, Idaho	Full Name of Mother: Leanora Page	Name of Father: Edward Brockman York
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pp Penny L. Wing	Oct. 5, 1960

FORM BH 56067

1 copy issued

OCT 6 1960

338-203-029-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-927

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Addie Bertha Clyde		2. Date of Birth (month) July (day) 3rd (year) 1899	
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Latah County, Idaho	b. City or Town of Birth: near Potlatch, Idaho
FATHER	6. Full Name of Father: Peter Clyde		7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Mary Lee Adair		9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Addie Bertha Moody	11. Present Address of Registrant: 426 East First St., Moscow, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: October 21 19 1960	12. Signature of Notary: Minnie L. Cowin at Moscow Idaho	13. Notary Commission expires: 3-31- 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Permanent School Record	By whom issued and signed: State College of Wash. Pullman Wash., Registrar	Date Issued: Apr.24,1958	Date Orig. Entry: entered Oct.2,1918
	Date of Birth: age 19 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: June 16, 1944
	Date of Birth: July 3,1899 / Birth Place: Latah County Potlatch, Idaho	Full Name of Mother: Mary Lee Adair	Name of Father: Peter Clyde	
SUPPORTING RECORD 3.	Type of Document: Roll of Registered Electors	By whom issued and signed: Potlatch Precinct, Latah Co. Bessie Babcock, County records	Date Issued: Apr.25,1958	Date Orig. Entry: May 1, 1926
	Date of Birth: age 26 / Birth Place: Potlatch, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Oct. 25, 1960	

FORM BH 56067

OCT 25 1960

867-227-004-573

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-942

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Hoppert			2. Date Of Birth (month) Nov. (day) 27 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier, Idaho
FATHER	6. Full Name of Father: Frederick Hoppert			7. State or Country of Father's Birth: Hamburg, Germany
MOTHER	8. Full Maiden Name of Mother: Marie Eglie			9. State or Country of Mother's Birth: Langnau, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Hoppert		11. Present Address of Registrant: Mtn Pass Inn Mipton California
NOTARY (Seal)	Subscribed and sworn to before me on: September 10, 1960	12. Signature of Notary: Ruth Aland		13. Notary Commission expires: March 6, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #76558	Date Issued: ----	Date Orig. Entry: child born Feb.18,1920
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism and confirmation	By whom issued and signed: LDS Church, Lanark, Ward, F. W. Passey, Bishop	Date Issued: Oct.3,1908	Date Orig. Entry: baptized July 15, 1908
	Date of Birth: Nov.27,1899	Birth Place: Bear Lake County Montpelier, Idaho	Full Name of Mother: Marie Eglie	Name of Father: Frederick Hoppert
SUPPORTING RECORD 3.	Type of Document: Rider of Insurance Policy	By whom issued and signed: The Prudential Insurance Co. Of America	Date Issued: Dec.3,1951	Date Orig. Entry: Aug.15,1927
	Date of Birth: age 52	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Penny L. Wing	Oct. 26, 1960

FORM BH 56067

JAN 12 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

PROSPECTIVE REGISTRANT (person whose birth is being registered)

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Color or Race 4. Sex 5. Place of Birth (county)

6. City or Town of Birth

FATHER

8. Full Name of Father

7. State or Country of Mother's Birth

MOTHER

10. Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT - I (We) swear or declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present Address of Registrant

Subscribed and sworn to before me on

13. Signature of Notary

14. Notary Commission expires

SUPPORTING RECORD 1

Type of Document

Date Issued

Date Orig. Entry

Date of Birth

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Full Name of Mother

Name of Father

SUPPORTING RECORD 3

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Full Name of Mother

Name of Father

I hereby certify that to prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

Deputy State Registrar

813-217-003-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-962

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAUNA HATCH			2. Date Of Birth (month) (day) (year): Sept 17, 1899
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: OXFORD-BANNOCK	b. City or Town of Birth: OXFORD
FATHER	6. Full Name of Father: DANIEL HATCH			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: IDA MAY PACE			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Launa H. Steele		11. Present Address of Registrant: 1204 S Greenwood Ave
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 14 19 60	12. Signature of Notary: Bernice Mae Engel, Notary Public in and for the State of Washington, residing at Seattle		13. Notary Commission expires: Jan 7. 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism and confirmation	By whom issued and signed: LDS Church, Oxford, Idaho, Edwin Smith clerk	Date Issued: -----	Date Orig. Entry: baptized July 1, 1908
	Date of Birth: Sept. 17, 1899 / Birth Place: Oxford, Idaho	Full Name of Mother: Ida Pace	Name of Father: Daniel Hatch	
SUPPORTING RECORD 2.	Type of Document: Social Security record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 5, 1936
	Date of Birth: Sept. 17, 1899 / Birth Place: Oxford, Idaho	Full Name of Mother: Ida May Pace	Name of Father: Daniel Hatch	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Phoenix Mutual Life Insurance Company #827172	Date Issued: -----	Date Orig. Entry: Sept. 19, 1940
	Date of Birth: Sept. 17, 1899 / Birth Place: Oxford, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	pw Penny L. Wing	Nov. 1, 1960

FORM BH 56067

NOV 1 1960

851-224-025-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-968
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLEN MARIE HEARTBURG			2. Date of Birth (month) (day) (year): March 24, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: rural Idaho	b. City or Town of Birth: 5 mi. SE of Cottonwood
FATHER	6. Full Name of Father: FRANZ G. HEARTBURG			7. State or Country of Father's Birth: SWEDEN
MOTHER	8. Full Maiden Name of Mother: JOHANNA BROWMAN			9. State or Country of Mother's Birth: SWEDEN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen M. Grimes		11. Present Address of Registrant: 252 S. Barker Greenacres, Washington.
NOTARY (Seal)	Subscribed and sworn to before me on: October 26, 1960	12. Signature of Notary: Paul E. Eimers		13. Notary Commission expires: February 25, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 28, 1944
Class*	Date of Birth: Mar.24,1899 / Birth Place: Idaho County Cottonwood, Idaho	Full Name of Mother: Johanna Browman	Name of Father: Frans G. Heartburg	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #146299	Date Issued: -----	Date Orig. Entry: child born Oct. 17,1926
Class	Date of Birth: age 27 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Edwin Nelson age 77	Date Issued: Oct.26,1960	Date Orig. Entry: -----
Class	Date of Birth: Mar.24,1899 / Birth Place: Idaho Co. Idaho near Cottonwood	Full Name of Mother: Johanna Heartburg	Name of Father: Franz Heartburg	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 2, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 1960

Registration District Number

Registrar's Number

Date of Registration

REGISTRANT

1. Registrant's Full Name at Birth
2. Date of Birth
3. Sex
4. Place of Birth — County
5. City or Town of Birth

FATHER

6. Full Name of Father
7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant
12. Subscribed and sworn to before me on _____ 19 ____
13. Signature of Notary
14. Notary Commission expires _____ 19 ____

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document | By whom issued and signed | Date issued | Date orig. entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 2.

Type of Document | By whom issued and signed | Date issued | Date orig. entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing document.

Date of Registrar | Evidence reviewed by | Date filed

*Class A records are those made one year before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but are at least one year old.

Form 200 (Rev.)

335-214-075-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-978

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Minnie Cleveland			2. Date of Birth (month) (day) (year): Nov. 14, 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Gifford
FATHER	6. Full Name of Father: Robert Matthew Cleveland			7. State or Country of Father's Birth: Sweetwater, Tennessee
MOTHER	8. Full Maiden Name of Mother: Minnie Celesta Brake			9. State or Country of Mother's Birth: Joplin, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Minnie Borries 152 Vicksburg St. S.F.		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 3rd Day of May 1960	12. Signature of Notary: Tom Leadbeater		13. Notary Commission expires: June 9 — 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (copy) census record	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census	Date Issued: April 14, 1960	Date Orig. Entry: census of 1900 June 1, 1900
	Date of Birth: Nov. 1899	Birth Place: Idaho	Full Name of Mother: Minnie S. Cleveland	Name of Father: Robert M. Cleveland
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: State of California, San Francisco Co. E. D. Sox.	Date Issued: ---	Date Orig. Entry: child born Feb. 28, 1925
	Date of Birth: age 25	Birth Place: Gifford, Idaho	Full Name of Mother: ----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin age 73	By whom issued and signed: Satie L. Wahl	Date Issued: Oct. 27, 1960	Date Orig. Entry: ------
	Date of Birth: Nov. 14, 1899	Birth Place: Nez Perce County Gifford, Idaho	Full Name of Mother: Minnie Celesta Brake	Name of Father: Robert Matthew Cleveland
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Barron	Evidence reviewed by: pp Penny L. Wing	Date Filed: Nov. 8, 1960

FORM BH 56067

1170 2

NOV 8 1960

815-221-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA CHRISTINE HANSON			2. Date Of Birth (month) OCTOBER (day) 21 (year) 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: TWIN GROVES (mail St. Anthony)
FATHER	6. Full Name of Father: SOREN J. HANSON			7. State or Country of Father's Birth: Mt Pleasant Utah Sanpete County
MOTHER	8. Full Maiden Name of Mother: ANNIE M. ROSENLOF			9. State or Country of Mother's Birth: Mt Pleasant Utah Sanpete Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Cameron		11. Present Address of Registrant: 595 West Main St. Anthony Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 11-17 1960	12. Signature of Notary: Edgar Westerberg		13. Notary Commission expires 2-1- 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #178205	Date Issued: ------	Date Orig. Entry: child born Sept.24,1929
	Date of Birth: age 29	Birth Place: Twin Groves, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Fremont Stake, Twin Groves Ward, J.F.Smith, Hist.	Date Issued: Nov.10,1960	Date Orig. Entry: recorded Dec.3,1899
	Date of Birth: Oct.21,1899	Birth Place: Fremont County Twin Groves, Idaho	Full Name of Mother: Annie M. Rosenlof	Name of Father: Soren J. Hanson
SUPPORTING RECORD 3.	Type of Document: Insurance policy application	By whom issued and signed: Inter-Mountain Life Insurance Company	Date Issued: ------	Date Orig. Entry: Jane 13, 1923
	Date of Birth: Oct.21,1899	Birth Place: St.Anthony, Idaho	Full Name of Mother: Annie Mary Hanson	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bower	pw Penny L. Wing	Nov. 18, 1960

FORM BH 56067

NOV 21 1960

154-101-016-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Leslie Anderson		2. Date of Birth (month) 9 (day) 1 (year) 1899	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Idaho Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Alexander Anderson		7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Laverna Emerette Gee		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Leslie Anderson	11. Present Address of Registrant: 657 2nd Ave West, Twin Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 23 1960	12. Signature of Notary: Margaret Wood	13. Notary Commission expires: June 14 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy Application		By whom issued and signed: Metropolitan Life Insurance Co	Date Issued: ----	Date Orig. Entry: Feb.5,1920
	Date of Birth: Sept.1,1899	Birth Place: Oakley, Idaho	Full Name of Mother: Laverna E. Anderson	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Paper		By whom issued and signed: Cassia Co. Battalion, Idaho Volunteer Reserves, M.G.Mcconnel	Date Issued: Jan.18,1944	Date Orig. Entry: enlisted Sept.15,1942
	Date of Birth: age 43	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination		By whom issued and signed: LDS Church, Burley Ward, C.A. Bass, Ward Clerk	Date Issued: ----	Date Orig. Entry: Mar.8, 1915
	Date of Birth: Sept.1,1899	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Lavernia Gee	Name of Father: Alex Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Bennett	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 28, 1960

FORM BH 56067

11-16-60

NOV 28 1960

236-229-029-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Catherine Scott		2. Date of Birth (month) November (day) 29 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Latah	b. City or Town of Birth
FATHER	6. Full Name of Father: Richard Simpson Scott		7. State or Country of Father's Birth: Monroe County Iowa	
MOTHER	8. Full Maiden Name of Mother: Eloesha Lavina Williams		9. State or Country of Mother's Birth: Mahaska County Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith C. Frye	11. Present Address of Registrant: 2708-East Walnut Des Moines Iowa	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 9, 1961	12. Signature of Notary: Edith Keeling	13. Notary Commission expires: July 4, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records	By whom issued and signed: East Gate Chap.#538,Eastern Star,Lucille E.Craig,Sec.	Date Issued: Apr.9,1960	Date Orig. Entry: Nov.24,1939
	Date of Birth: Nov.29,1899	Birth Place: Latah County,Ida.	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: affidavit by sister	By whom issued and signed: Minnie E.Stilwell, age 74	Date Issued: Mar.28,1960	Date Orig. Entry: -----
	Date of Birth: Nov.29,1899	Birth Place: Latah County,Ida.	Full Name of Mother: Lavina Williams	Name of Father: Richard S. Scott
SUPPORTING RECORD 3.	Type of Document: Census Record from Iowa Dept. of History and Archives	By whom issued and signed: Polk County, Iowa,Claude R. Cook	Date Issued: Feb.9,1959	Date Orig. Entry: March 12, 1925
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: Lavina Williams	Name of Father: Richard S. Scott
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Jan.16,1961	

FORM BH 56067 1-22-60 one copy paid #19548

JAN 16 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name (Type or print legibly)	2. Sex	3. Date of birth (month, day, year)
4. Place of birth (City, town, or village)	5. County	6. Place of birth (Hospital or other place)
7. Father's full name	8. Father's birthplace (State or country)	
9. Mother's maiden name	10. Mother's birthplace (State or country)	
11. Attendant (Physician, midwife, or other person)	12. Address	
13. Date filed	14. Registrar's signature	

AFFIDAVIT

I swear (affirm) upon oath that the above statements are true to the best of my knowledge and belief.

15. Signature of deponent	16. Relationship to child	17. Address
18. Subscribed and sworn to before me	19. Signature of notary	20. Notary commission expires

[redacted]

21. Date issued	22. Signature of registrar	23. Date filed

[redacted]

Date issued	Date filed	Date filed
Name of father	Full name of mother	Name of father
Date of birth	Place of birth	Place of birth
Date issued	Date filed	Date filed
Name of father	Full name of mother	Name of father
Date of birth	Place of birth	Place of birth

SUPPORTING RECORDS

Type of record	Date issued and signature	Date issued
Date of birth	Place of birth	Place of birth

SUPPLEMENTARY INFORMATION

REGISTRAR'S CERTIFICATE: I hereby certify that a prior birth certificate has been found in the Bureau of Vital Statistics for this person and that no known birth certificate has been filed, which substantiates the facts as set forth in the foregoing application.

Signature of registrar	Signature received by	Date filed
	Jerry L. King	Jan. 24, 1961

Form 50 (rev) 1-22-61 One copy paid $1.00

249-212-029-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-049
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Andrea Smith		2. Date of Birth (month) January (day) 12, (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah County	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Ditlef Christian Adam Reuch Smith		7. State or Country of Father's Birth: Bergen, Norway	
MOTHER	8. Full Maiden Name of Mother: Julia Thompson		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora Andrea Gilchrist	11. Present Address of Registrant: R.F.D. 3, Colfax, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 29, 19 59	12. Signature of Notary: L R Clegg	13. Notary Commission expires: August 19 60	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 73	By whom issued and signed: Johanna H. Smith	Date Issued: 12-28-59	Date Orig. Entry:
Class*	Date of Birth: Jan. 12, 1899 / Birth Place: Latah Co. Moscow, Idaho	Full Name of Mother: Julia Thompson Smith	Name of Father: Ditlef C. A. R. Smith	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #83587	Date Issued: ---	Date Orig. Entry: child born Sept 1, 1920
Class	Date of Birth: Age 21 / Birth Place: Latah County, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified Statement regarding School Record -page 98	By whom issued and signed: Record of Examination 8th Grade Bessie Babook, County Recorder	Date Issued: Jan 14, 1961	Date Orig. Entry: Examination period 1912
Class	Date of Birth: Age 13 / Birth Place: ---	Full Name of Mother: Moscow, Idaho ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: mr Joyce B. Foltz	Date Filed: Jan 18, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 18 1961

OCT 27 1972

434-113-028-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Marguerite McDuffie			2. Date of Birth (month) January (day) 13th. (year) 1899
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: (Kootenai) now Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: John McDuffie			7. State or Country of Father's Birth: Big Rapids, Michigan
MOTHER	8. Full Maiden Name of Mother: Margaret (Maggie) Affa Berray			9. State or Country of Mother's Birth: Mankato, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Laura McDuffie Cooley		11. Present Address of Registrant: Sandpoint, Idaho 710-N-5th. Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: 1-16-61 19	12. Signature of Notary: W. W. Reed		13. Notary Commission expires: 5-15- 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding lodge records	By whom issued and signed: American Legion Auxiliary, #15 Vivian E. Shoemaker, Sec.	Date Issued: Jan.16,1961	Date Orig. Entry: Oct.26,1935
	Date of Birth: Jan.13,1899	Birth Place: Sandpoint, Idaho	Full Name of Mother: Margaret McDuffie	Name of Father: John McDuffie
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #142057	Date Issued: ------	Date Orig. Entry: child born May 16, 1926
	Date of Birth: age 27	Birth Place: Sandpoint, Idaho	Full Name of Mother: ------	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: statement regarding lodge records	By whom issued and signed: Bonner Co. Class A School Dist. #82, M. Lamanna, Asst. Supt.	Date Issued: Jan.13,1961	Date Orig. Entry: Sept.1917
	Date of Birth: Jan.13,1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: J. McDuffie
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Bonson	Evidence reviewed by: Penny L. Wing	Date Filed: Jan. 23, 1961

FORM BH 56067

1-11-61 1 copy paid

JAN 23 1961

696-223-029-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable Mae, Frost			2. Date of Birth (month) (day) (year): May 23, 1899,
	3. Color or Race: White	4. Sex: Femal	5. Place of Birth a. County: Troy Ida,	b. City or Town of Birth: Troy Idaho,
FATHER	6. Full Name of Father: Arthur Edward, Frost			7. State or Country of Father's Birth: Michiagan
MOTHER	8. Full Maiden Name of Mother: Ella Margaret, Decker			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: + Mable Mae Frost		11. Present Address of Registrant: Box 47 Craigmont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 29 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: Oct 25 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 76	By whom issued and signed: Cora E. Cooper	Date Issued: 1-8-60	Date Orig. Entry:
	Date of Birth: May 23, 1899 / Birth Place: Troy, Idaho	Full Name of Mother: Ella Margaret Decker	Name of Father: Arthur Edward Frost	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #71058	Date Issued:	Date Orig. Entry: child born May 7, 1919
	Date of Birth: age 19 / Birth Place: Troy, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Jan. 12, 1961	Date Orig. Entry: July 1, 1900
	Date of Birth: May 1899 / Birth Place: Idaho	Full Name of Mother: Ella Frost	Name of Father: Arthur Frost	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Penny L. Wing	Date Filed: Feb. 1, 1961

FORM BH 56067

FEB 2 - 1961

719-07-022-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-125

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAROLD RAYMOND PARKER			2. Date of Birth (month) (day) (year): October 7, 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Parker, Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Welrose Parker			7. State or Country of Father's Birth: Morgan, Utah
MOTHER	8. Full Maiden Name of Mother: Alice M. Miller			9. State or Country of Mother's Birth: Farmington, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: N. R. Parker		11. Present Address of Registrant: Route #2, St. Anthony Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 19 61	12. Signature of Notary: [illegible] Residing at St. Anthony Idaho		13. Notary Commission expires: Jan. 20 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle	By whom issued and signed: D. E. Miller age 85	Date Issued: Feb. 9, 1961	Date Orig. Entry: ----
	Date of Birth: Oct. 7, 1899	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Alice M. Miller	Name of Father: Welrose Parker
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: LaMonte Bauer, Fremont County clerk	Date Issued: Feb. 5, 1960	Date Orig. Entry: 1906-1907
	Date of Birth: age 6	Birth Place: ----	Full Name of Mother: ----	Name of Father: Wellrose Parker
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Parker Ward, Ervin R. Mace, clerk	Date Issued: Feb. 3, 1960	Date Orig. Entry: baptized July 3, 1908
	Date of Birth: Oct. 7, 1899	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Alice M. Miller	Name of Father: Welrose Parker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: Penny L. Wing	Date Filed: Feb. 13, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: February 20, 1950

1. Name of child: Frank Anthony Pruden

2. Sex: Male

3. Place of birth: Boise

4. County: Ada

5. Date of birth: October 7, 1929

6. Name of father: Frank Pruden

7. Birthplace of father: Idaho

8. Maiden name of mother: Alice M. Miller

9. Birthplace of mother: Pennsylvania

10. Date of marriage: October 4, 1949

11. Place of marriage: Reno, Nevada

12. Total number of children: 2

13. Date of registration: Jan. 20

14. Signature of registrar: Roscoe W. Milner

Registrar of Vital Statistics

Date filed: Feb. 20, 1950

299-115-003-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Vernon Kirby			2. Date Of Birth (month) March (day) 15 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Grace	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Edward Kirby			7. State or Country of Father's Birth: Cache County, Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Luella Packer			9. State or Country of Mother's Birth: Pannaca Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Vernon Kirby		11. Present Address of Registrant: Grace Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on February 7 1961	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept. 22 1963 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for insurance	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: ----	Date Orig. Entry: Nov. 12,1935
	Date of Birth: Mar.15,1899	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Grace Ward, George Tanner, clerk	Date Issued: ----	Date Orig. Entry: baptized July 6, 1907
	Date of Birth: Mar.15,1899	Birth Place: Bannock County Grace, Idaho	Full Name of Mother: Lucy Luella Packer	Name of Father: Edward Kirby
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS church, Mattras W. Lowe, clerk	Date Issued: ----	Date Orig. Entry: ordained Jan. 7, 1918
	Date of Birth: Mar.15,1899	Birth Place: Bannock County Grace, Idaho	Full Name of Mother: Lucy L. Packer	Name of Father: Edward Kirby
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Feb. 14, 1961

FORM BH 56067

1 copy paid 2-6-61

FEB 14 1961

236-112-035-647

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GWENDOLIN ADDISON STOOKEY			2. Date of Birth (month) OCTOBER (day) 12 (year) 1899
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: NEZ PERCE	b. City or Town of Birth: LEWISTON
FATHER	6. Full Name of Father: PRINCE EMMANUEL STOOKEY			7. State or Country of Father's Birth: Ill.
MOTHER	8. Full Maiden Name of Mother: MINNIE FUGATE			9. State or Country of Mother's Birth: Ill
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: G. H. Stookey		11. Present Address of Registrant
NOTARY (seal)	Subscribed and sworn to before me on: Feb. 18 1961	12. Signature of Notary: M. E. Walters		13. Notary Commission expires: Oct 20 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ------	Date Orig. Entry: May 7, 1940
	Date of Birth: Oct.12,1899 / Birth Place: Nez Perce County Lewiston, Idaho	Full Name of Mother: Minnie Fugate	Name of Father: Prince E. Stookey	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Minnie Stookey	Date Issued: Dec.2,1960	Date Orig. Entry: ------
	Date of Birth: Oct.12,1899 / Birth Place: Lewiston, Idaho	Full Name of Mother: Minnie E. Stookey	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Copy of Bible record	By whom issued and signed: Notorized by M. E. Walters	Date Issued: 2/18/61	Date Orig. Entry: --
	Date of Birth: Oct. 12,'99 / Birth Place: Lewiston Idaho	Full Name of Mother: Minnie E.Stookey	Name of Father: Prince E. Stookey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jameson	pw Penny L. Wing	Feb. 20, 1961

FORM BH 56067

Certified #10336

FEB 21 1984

182-204-003-134

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-262

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET ELLEN Bybee			2. Date of Birth (month) (day) (year): APRIL 4th 1899
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: DOWNEY BANNOCK	b. City or Town of Birth: DOWNEY IDAHO
FATHER	6. Full Name of Father: William JEFFERSON BYBEE			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZA ELLEN ALDOUS			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Ellen Bybee		11. Present Address of Registrant: P.O. BX 223 LAVA HOT SPGS
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 1961	12. Signature of Notary: Paul G. Bock		13. Notary Commission expires: Dec 2 — 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #109319	Date Issued: Oct.7,1941	Date Orig. Entry: child born Mar.21, 1923
	Date of Birth: age 23	Birth Place: Downey, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn	Date Issued: Aug.15,1949	Date Orig. Entry: Aug.12,1949
	Date of Birth: Apr.4,1899	Birth Place: Downey, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: Anna Mable Johnson Coffin age 79	Date Issued: Mar.17,1961	Date Orig. Entry: ----
	Date of Birth: Apr.4,1899	Birth Place: Downey, Idaho	Full Name of Mother: Eliza Ellen Aldous	Name of Father: William Jefferson Bybee
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: March 21, 1961

FORM BH 56067

5-18-60 one copy paid #02255

MAR 21 1961

755-121-021-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Del 61-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Lysander Gee			2. Date of Birth (month) February (day) 21st. (year) 1899
	3. Color or Race: American	4. Sex: Male	5. Place of Birth a. County: Preston, Idaho (Franklin)	b. City or Town of Birth: Preston, Franklin County, Idaho
FATHER	6. Full Name of Father: John Gee Senior			7. State or Country of Father's Birth: TooeleCity, Tooele County, Utah
MOTHER	8. Full Maiden Name of Mother: Olive Caroline Winn			9. State or Country of Mother's Birth: Richfield, Severe County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John L. Gee	11. Present Address of Registrant: 317 6th. St., Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: March 20, 1961		12. Signature of Notary: Sterling B Cannon	13. Notary Commission expires: Dec 27, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Sterling B. Cannon, Not. Public	Date Issued: Mar. 20, 1961	Date Orig. Entry: Feb. 13, 1935
	Date of Birth: Feb. 21, 1899	Birth Place: Franklin County Preston, Idaho	Full Name of Mother: Olive Winn	Name of Father: John Gee, Sr.	
SUPPORTING RECORD 2.	Type of Document: Marriage license affidavit		By whom issued and signed: Fremont County, Idaho, LaMont Bauer, clerk	Date Issued: Mar. 13, 1961	Date Orig. Entry: May 25, 1955
	Date of Birth: Feb. 21, 1899	Birth Place: Franklin County Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother		By whom issued and signed: Olive Winn Gee	Date Issued: Mar. 20, 1961	Date Orig. Entry: -----
	Date of Birth: Feb. 21, 1899	Birth Place: Franklin County Preston, Idaho	Full Name of Mother: Olive Winn	Name of Father: John Gee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	March 22, 1961

FORM BH 56067

3-10-61

MAR 22 1961

1. Name of child	2. Date of birth (month) (day) (year)		
John Lyman Lee	February 21, 1899		
3. Place of birth (county)			
Franklin	Male	Preston, Idaho (Franklin)	
4. Full name of father			
John Lee Senior			
5. Full maiden name of mother			
Louisa Veronica Wynn			
6. Occupation of father		7. Birthplace of father	
Farmer		Franklin County, Idaho	
8. Occupation of mother		9. Birthplace of mother	
Housewife		Franklin County, Idaho	
10. Number of previous children		11. Number of living children	
12. Number of children now living			
13. Informant		14. Address of informant	
15. Date filed		16. Registrar	

I hereby certify that the above statements are true to the best of my knowledge and belief.

Signature of informant

Signature of registrar

Date

Signature of Commissioner of Health

Date

SUPPORTING RECORD 1.	Type of document		
Date of birth	Place of birth		
Date issued	Place issued and signed		
Name of father	Full name of mother		
SUPPORTING RECORD 2.	Type of document		
Date of birth	Place of birth		
Date issued	Place issued and signed		
Name of father	Full name of mother		
SUPPORTING RECORD 3.	Type of document		
Date of birth	Place of birth		
Date issued	Place issued and signed		
Name of father	Full name of mother		
SUPPORTING INFORMATION			
CERTIFICATION			
Date filed			

413-07-006-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRED T. MACKIE			2. Date of Birth (month) (day) (year): December 7 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: James Mackie			7. State or Country of Father's Birth: Maryland
MOTHER	8. Full Maiden Name of Mother: Anna Drew			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred T. Mackie		11. Present Address of Registrant: Box 200 Medical Lake Wash
NOTARY (Seal)	Subscribed and sworn to before me on: 28th of March 1961	12. Signature of Notary: Victor L. Wilson		13. Notary Commission expires: Feb. 10, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: C. R. Lundgren, Personnel Office	Date Issued: Oct. 17, 1960	Date Orig. Entry: employed May 19, 1954
	Date of Birth: Dec. 7, 1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: May 25, 1949
	Date of Birth: Dec. 7, 1899	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Anna Drew	Name of Father: James MacKie
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: Joseph H. Bethell	Date Issued: Sept. 19, 1960	Date Orig. Entry: ----
	Date of Birth: Dec. 7, 1899	Birth Place: Blackfoot, Idaho	Full Name of Mother: Anna Drew MacKie	Name of Father: James MacKie
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: March 30, 1961

FORM BH 56067

MAR 30 1961

135226-002-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-311

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACY MAY ALEXANDER		2. Date of Birth (month) July (day) 26 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: ADAMS	b. City or Town of Birth: COUNCIL
FATHER	6. Full Name of Father: JAMES HENRY ALEXANDER		7. State or Country of Father's Birth: ARKANSAS	
MOTHER	8. Full Maiden Name of Mother: MINNIE GENEVERY HENDERSON		9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gracy May Alex Fuller (Mrs. Earl Fuller)	11. Present Address of Registrant: 2311 Kenworthy Way Sac. Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 24 1961	12. Signature of Notary: Frederick R. La Turner	13. Notary Commission expires: July 19 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #196563	Date Issued: ----	Date Orig. Entry: child born Nov. 25, 1931
	Date of Birth: age 32	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Minnie G. Beaty	Date Issued: Feb.2,1959	Date Orig. Entry: ----
	Date of Birth: July 26, 1899	Birth Place: Adams County Council, Idaho	Full Name of Mother: Minnie G. Henderson	Name of Father: James Henry Alexander
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Mar.31,1961	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: pw Penny L. Wing		Date Filed: April 7, 1961

FORM BH 56067

APR 7 1961

571-118-016-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-320

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: TROY COLUMBIAS EGAN			2. Date of Birth (month) April (day) 18 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Basin
FATHER	6. Full Name of Father: Hyrum Lorenzo Egan			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Louisa Kidd			9. State or Country of Mother's Birth: Alabama
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Troy C. Egan		11. Present Address of Registrant: 1040 Burton Avenue, Burley
NOTARY (Seal)	Subscribed and sworn to before me on April 7 1961	12. Signature of Notary: Vernon Hickson		13. Notary Commission expires: May 12 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: Bureau of the Census	Date Issued: Jan.19,1961	Date Orig. Entry: June 1, 1900
	Date of Birth: April 1899	Birth Place: Idaho	Full Name of Mother: Mary L. Egan n	Name of Father: Hyrum L. Egan	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #157663	Date Issued: ----	Date Orig. Entry: child born Nov. 24, 1927
	Date of Birth: age 28	Birth Place: Basin, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family		By whom issued and signed: VidaKidd age 75	Date Issued: Mar.6,1961	Date Orig. Entry: ----
	Date of Birth: Apr.18,1899	Birth Place: Cassia County Basin, Idaho	Full Name of Mother: Mary Louisa Kidd	Name of Father: Hyrum L. Egan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: April 12, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 13 1969

REGISTRANT

MOTHER

FATHER

AFFIDAVIT

NOTARY (Seal)

SUPPORTING RECORD 1

SUPPORTING RECORD 2

COMMENTS (Registrar)

RECORDER'S CERTIFICATE

Registrar

Date Filed

464-218-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-322

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Birtie Mouritsen			2. Date Of Birth (month) May (day) 18 (year) 1899
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Bennington Bear Lake	b. City or Town of Birth: Bennington Idaho
FATHER	6. Full Name of Father: Mourits Mouritsen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Susan Elizabeth wildman			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Birtie Mouritsen Rich		11. Present Address of Registrant: Afton Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1961	12. Signature of Notary: Elfreda McCarl ~~Birtie Mouritsen Rich~~		13. Notary Commission expires: 9/16 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: #5425A1 Gem State Murual Life Assn.	Date Issued: June 2, 1936	Date Orig. Entry: May 28, 1936
	Date of Birth: May 18,1899	Birth Place: Bennington, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: own childs delayed birth certificate	By whom issued and signed: Wyoming file #1927 Reg.D-12-6	Date Issued: Jan.10,1945	Date Orig. Entry: child born Oct.4,1947
	Date of Birth: age 28	Birth Place: Dennington,Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Church Blessing	By whom issued and signed: Montpelier,Idaho Henry H. Hoff,Patriarch	Date Issued: Nov.22,1919	Date Orig. Entry: Nov.22,1919
	Date of Birth: May 18,1899	Birth Place: Bennington,Idaho	Full Name of Mother: Lissie Wildman	Name of Father: Mourits Mouritsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: April 13, 1961

FORM BH 56067

2-13-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 13 1981

CHILD	1. Name of child (first, middle, last)	2. Date of birth (month, day, year)
	3. Place of birth (county, city, town)	4. Sex
FATHER	5. Full name of father	6. State or country of father's birth
MOTHER	7. Full maiden name of mother	8. State or country of mother's birth
AFFIDAVIT	I hereby certify that I have personally been present at the place of birth of the person named above and that the statements made herein are true to the best of my knowledge and belief.	9. Signature of affiant
	10. Address of affiant	
NOTARY	Subscribed and sworn to before me on	11. Signature of Notary
	12. Notary Public for the state of Idaho	
SUPPORTING RECORD 1	Type of document	By whom issued and signed
	Date of birth	Full name of mother
	Place of birth	Full name of father
SUPPORTING RECORD 2	Type of document	By whom issued and signed
	Date of birth	Full name of mother
	Place of birth	Full name of father
	Date issued	Date filed
	Date issued	Date filed
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed and substantiates the facts as set forth in the documentary affidavit.	
	State Registrar	Certificate reviewed by
		Date filed

2-13-81

813120-003-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-338

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Asa Foulds Hatch			2. Date Of Birth (month) Nov. (day) 20 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho (Bannock) Caribou	b. City or Town of Birth: Hatch
FATHER	6. Full Name of Father: Thomas Asa Hatch			7. State or Country of Father's Birth: Bountiful, Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Parkin			9. State or Country of Mother's Birth: Bountiful, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Asa Foulds Hatch		11. Present Address of Registrant: Bancroft, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1961	12. Signature of Notary: Christina Hatch		13. Notary Commission expires: November 1 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Chesterfield Ward, Orsemus Bowman, clerk	Date Issued: Feb. 5, 1961	Date Orig. Entry: baptized May 3, 1908
	Date of Birth: Nov. 20, 1899	Birth Place: Bannock County Hatch, Idaho	Full Name of Mother: Sarah E. Parkin	Name of Father: Thomas A. Hatch
SUPPORTING RECORD 2.	Type of Document: affidavit by brother	By whom issued and signed: John Leonard Hatch age 71	Date Issued: ----	Date Orig. Entry: ----
	Date of Birth: Nov. 20, 1899	Birth Place: Bannock County Hatch, Idaho	Full Name of Mother: Sarah Parkin	Name of Father: Thomas Asa Hatch
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Nat'l Public Service Insur.	Date Issued: Jan. 27, 1943	Date Orig. Entry: Oct. 12, 1942
	Date of Birth: Nov. 20, 1899	Birth Place: Hatch, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. U. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: April 17, 1961

FORM BH 56067

APR 17 1961

Hatch

248-216-008-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-373

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Hazel Suhlsen			2. Date of Birth (month) April (day) 16 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho City, Boise Co. Idaho.	b. City or Town of Birth: Idaho City, Idaho
FATHER	6. Full Name of Father: Louis Matthew Suhlsen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eunice Elmira Crockett			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Hazel Miller		11. Present Address of Registrant: 509 W. 12th St. The Dalles, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: May 3, 1957	12. Signature of Notary: C. R. Gavin		13. Notary Commission expires: March 4, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: #132102 in Idaho	Date Issued: ----	Date Orig. Entry: child born May 2, 1925
	Date of Birth: ~~age~~/26/99	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Lodge Application	By whom issued and signed: Daughters of the American Revolution, Anne D. Wallace, RG	Date Issued: Oct. 14, 1960	Date Orig. Entry: applied Apr. 14, 1955
	Date of Birth: Apr. 16, 1899	Birth Place: Idaho City, Idaho	Full Name of Mother: Eunice Crockett	Name of Father: Louie Mathew, Suhlsen
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Charlie Crockett	Date Issued: April 27, 1961	Date Orig. Entry: --------
	Date of Birth: April 16, 1899	Birth Place: Idaho City, Idaho	Full Name of Mother: Eunice Elmira Crockett	Name of Father: Louie Matthew Suhlsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Elaine Coy	Date Filed: April 28, 1961

FORM BH 56067

MAY 1 1961

MILLER

295-220-026-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Kinghorn		2. Date Of Birth (month) March (day) 20 (year) 1899	
	3. Color or Race	4. Sex	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Lewisville, Idaho
FATHER	6. Full Name of Father: Joseph Kinghorn		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Harris		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Browning	11. Present Address of Registrant: RFD # 1, Lorenzo, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 19 61	12. Signature of Notary: Selmer Singer	13. Notary Commission expires: September 19 19 63	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Members		By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Date Issued: Mar. 7, 1961	Date Orig. Entry: Baptized Aug. 31, 1907
	Date of Birth: Mar. 20, 1899	Birth Place: Lewisville, Idaho	Full Name of Mother: Elizabeth Harris	Name of Father: Joseph Kinghorn	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #195679	Date Issued: ----	Date Orig. Entry: child born Oct. 12, 1931
	Date of Birth: age 32	Birth Place: Lewisville	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother		By whom issued and signed: Elizabeth Kinghorn	Date Issued: Mar. 9, 1961	Date Orig. Entry: ------
	Date of Birth: age 80	Birth Place: Jefferson County Lewisville, Idaho	Full Name of Mother: Elizabeth Kinghorn	Name of Father: Joseph Kinghorn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Penny L. Wing	Date Filed: May 1, 1961

FORM BH 56067

MAY 1 1961

Young & George Allen

485-210-023-256

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-389
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche May Myers		2. Date of Birth (month) (day) (year): Sept 10 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Emmett Ida Gem; b. City or Town of Birth: Emmett Idaho
FATHER	6. Full Name of Father: Alvin E. Myers		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Clara Ada Knouse		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche Myers Hunt	11. Present Address of Registrant: 103-E King Meridian Ida
NOTARY (Seal)	Subscribed and sworn to before me on March 9 1955	12. Signature of Notary: Edson M. Deal	13. Notary Commission expires: Notary Public Residing at Nampa, Idaho ~~My Commission Expires Jan. 15, 1958~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 78	By whom issued and signed: Cora Wilhelm	Date Issued: September 2, 1960	Date Orig. Entry: ----
Class*	Date of Birth: September 10, 1899 / Birth Place: Emmett, Idaho	Full Name of Mother: Clara Knouse Myers	Name of Father: Alvin E. Myers	
SUPPORTING RECORD 2.	Type of Document: Certified copy of a page in the Family Bible	By whom issued and signed: Notary-Edson M. Deal	Date Issued: March 9, 1955	Date Orig. Entry: Obviously old
Class	Date of Birth: September 10, 1899 / Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On file In Idaho #160120	Date Issued: ----	Date Orig. Entry: March 13, 1928
Class	Date of Birth: Age 28 / Birth Place: Emmett, Idaho	Full Name of Mother: -------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: May 2, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. DI-283

(Local) Reg. No.

Reg. Dist. No.

1. Name of child: Person whose birth is being registered

2. Sex: 3. Date of birth (Month, day, year)

4. City or town of birth

5. County of birth

6. Mother's full name at birth

7. Father's full name

8. State or country of father's birth

9. Mother's maiden name

10. State or country of mother's birth

11. I hereby declare upon oath, that the information herein is true to the best of my knowledge and belief.

12. Signature of informant

13. Personal address of informant

14. Subscribed and sworn to before me on

15. Signature of officer

16. Notary Commission expires

Notary Public Residing at Commission expires in 19 ___

AFFIDAVIT - DO NOT WRITE IN THIS SPACE

SUPPORTING RECORD 1.	Type of document: Affidavit by Aunt Age 78	By whom issued and signed: Cora Wilhelm	Date issued: September 2, 1960
	Date of birth: September 10, 1899	Birth place: Emmett, Idaho	Full name of mother: Clara Louse Myers
	Name of father: Alvin E. Myers		Date reg. Entry: ----
SUPPORTING RECORD 2.	Type of document: Certified copy of a page in the family bible	By whom issued and signed: Mary-Edson M. Deal	Date issued: March 9, 1955
	Date of birth: September 10, 1899	Birth place: -------	Full name of mother: ----------
	Name of father: ----------		Date reg. Entry: Obviously old
SUPPORTING RECORD 3.	Type of document: Own childs birth certificate On file in Idaho #16012?	By whom issued and signed:	Date issued: ----
	Date of birth: Age 28	Birth place: Emmett, Idaho	Full name of mother: -------
	Name of father: ----------		Date reg. Entry: March 13, 1928

SUPPORTING INFORMATION

REGISTRAR'S DECISION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the application for delayed record.

State Registrar	Evidence reviewed by	Date filed
W. W. Benson	Elaine Coy	May 2, 1961

*Class A records are those made and held before the registrant's tenth birthday.
Class B records are those made after the tenth birth or the (1) issue's 5 years old.

Form new 1961

369-219-006-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 423

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nina Alverda Corbit		2. Date Of Birth (month) June (day) 19 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Swan Valley Bingham	b. City or Town of Birth: Swan Valley Idaho
FATHER	6. Full Name of Father: Isa Alfred Corbit 1867 July 12		7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: Susan Arminnie Meeds Oct 24 1877		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina A. Burtch	11. Present Address of Registrant: Huntington Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 11 1961	12. Signature of Notary: A P Adams	13. Notary Commission expires: June 22 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #153950	Date Issued: July 5,1945	Date Orig. Entry: child born July 24,1927
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt	By whom issued and signed: Linda Wilson age 75	Date Issued: Sept.23,1960	Date Orig. Entry: ----
	Date of Birth: June 19, 1899	Birth Place: (Bingham) Bonneville County Swan Valley,Ida.	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: May 5,1961	Date Orig. Entry: June 1, 1900
	Date of Birth: June 1899	Birth Place: Idaho	Full Name of Mother: Susie A. Corbin	Name of Father: Isa A. Corbin
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: pw Penny L. Wing		Date Filed: May 10, 1961

FORM BH 56067 1-28-60

MAY 10 1961

699-204-022-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Elva Fritz			2. Date of Birth (month) June (day) 4, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Austin K. Fritz			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Martha Duvall			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosa E. Maynard		11. Present Address of Registrant: Melba Rt. Box 444
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security account no.	By whom issued and signed: U.S.Treasury Department	Date Issued: ---	Date Orig. Entry: Oct 11, 1937
	Date of Birth: June 4, 1899	Birth Place: St.Anthony, Idaho	Full Name of Mother: Martha Jane Duvall	Name of Father: Austin Klingler Fritz
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census record of 1906-1907	By whom issued and signed: LaMonte Bauer, Clerk District Court, Fremont Co., Idaho	Date Issued: March 10, 1961	Date Orig. Entry: September 1906
	Date of Birth: Age 7	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by Natural Mother Age 81	By whom issued and signed: Sarah A. Ball	Date Issued: June 26, 1961	Date Orig. Entry: ---
	Date of Birth: June 4, 1899	Birth Place: St. Anthony, Idaho	Full Name of Mother: Sarah A. Ball	Name of Father: Bill Bownds
QUALIFYING INFORMATION	She was legally adopted by Mr. & Mrs. Fritz.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: June 26, 1961

FORM BH 56067 1 copy per Rec. #12731

JUN 26 1961

CERTIFIED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1963-325

1. Child's name	2. Sex: Female	3. Place of birth: Fremont	4. Date of birth: June 4, 1899
Dora Elva Price			
5. Father's name: Austin K. Price	6. Father's birthplace: Pennsylvania	7. Mother's name: Martha Duvall	8. Mother's birthplace: Nebraska
9. Attendant:	10. Duration of pregnancy:	11. Present address of mother:	
12. Signature of attendant:	13. Official capacity:	14. Notify Commissioner of Health:	

Certificate accepted for filing:

Date of filing: June 4, 1899	St. Anthony, Idaho	Full name of mother: Martha Jane Duvall	Name of father: Austin Klingler Price
Certificate accepted for filing:	Date issued: ---	Date filed: Oct. 1, 1937	

Certificate accepted for filing:

Type of document: Statement regarding school census record of 1936-1937	Date of birth: Age 7	By whom issued and signature: Lafonte Bauer, Clerk District Court, Fremont Co., Idaho	Date issued: March 10, 1961
Date orig. entry: September 1936			

Certificate accepted for filing:

Type of document: Affidavit by Mental Motter Age 81	Date of birth: June 4, 1899	Place of birth: St. Anthony, Idaho	Full name of mother: Sarah A. Ball
Name of father: Bill Brunda	By whom issued and signature: Sarah . Ball	Date issued: June 25, 1961	Date orig. entry: ---

Additional information:

She was legally adopted by Mr. & Mrs. Price.

Registrar's certification:

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that sufficient evidence has been reviewed, which substantiates the facts as set forth in the preceding statement.

State Registrar: W. W. Benson	Evidence reviewed by: Joyce R. Folse	Date filed: June 26, 1961

Form 20-5007

714-123-029-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D6610 614

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emil Victor Pauls			2. Date of Birth (month) August (day) 23, (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Peter Pauls			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Emeli Olson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emil Victor Pauls		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on July 25 1961	12. Signature of Notary: M F Ryan		13. Notary Commission expires: December 12 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: August 23, 1899 / Birth Place: Latah County, Idaho	Full Name of Mother: Emeli Pauls	Name of Father: Peter Pauls	
SUPPORTING RECORD 2.	Type of Document: Baptism record	By whom issued and signed: C. Anderson, English Luthern Church	Date Issued: January 1900	Date Orig. Entry: January 1900
	Date of Birth: August 23, 1899 / Birth Place: -----	Full Name of Mother: Emily Pauls	Name of Father: Peter Pauls	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Feb.22,1934	Date Orig. Entry: Feb. 15, 1934
	Date of Birth: Aug.23,1899 / Birth Place: Genesee, Idaho	Full Name of Mother: Emily Pauls	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: ec Penny L. Wing	Date Filed: July 26, 1961

FORM BH 56067

Copy issued [illegible]

JUL 26 1995

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's name at birth: Emil Victor Paula		2. Date of birth: August 23, 1899	
3. Sex: male	4. Place of birth: Idaho	5. Town of birth: Gooseee	
6. Father's full name: Peter Paula		7. Mother's full maiden name: Emelia Olson	
8. Place of birth of father: Sweden		9. Place of birth of mother: Sweden	
10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		11. Signature of Registrant	12. Present address of Registrant
13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Official Capacity	

Supporting Record 1: Type of Document: Bible record		By whom issued and signature: Family Bible	Date issued: -----
Date of Birth: August 23, 1899	Place: Ada County, Idaho	Full name of father: Emelia Paula	Place of father: Sweden
Supporting Record 2: Type of Document: Baptism record		By whom issued and signature: C. Anderson, English Lutheran Church	Date issued: January 1900
Date of Birth: August 23, 1899	Place: -----	Full name of mother: Emily Paula	Name of mother: Peter Paula
Supporting Record 3: Type of Document: Insurance policy		By whom issued and signature: Illinois Mutual Protect. Assoc.	Date issued: Feb. 20, 1941
Date of Birth: June 23, 1899	Place of Birth: Gooseee, Idaho	Place of issue of Policy: Emily Paula	Date Date. Birth: Feb. 20, 1941

Supplemental Information

Registrar's Certification: I hereby certify that no prior birth certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding statement.

Signature of Registrar: | Evidence reviewed by: | Date filed:

gc

299-215-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-687

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josie Belle Brian Bingham		2. Date Of Birth (month) October (day) 15 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Lewis Monroe Brian		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Kinghorn		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine B. Paxton	11. Present Address of Registrant: 696 Cherry Way Hayward, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1961	12. Signature of Notary: Caroline M. Case CAROLINE M. CASE	13. Notary Commission expires: My Commission Expires Nov. 16, 1963 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Utah #2648	Date Issued: Aug.8,1961	Date Orig. Entry: child born Aug.12,1922
	Date of Birth: age 22 / Birth Place: Louisville,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Hospital, Salt Lake City Joseph F. Smith, Historian	Date Issued: May 4,1961	Date Orig. Entry: recorded Jan. 7, 1901
	Date of Birth: Oct.15,1899 / Birth Place: Fremont County Lewisville,Ida.	Full Name of Mother: Margaret Kinghorn	Name of Father: Louis M. Brian	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Elizabeth Kinghorn age 80	Date Issued: Mar.24,1961	Date Orig. Entry: -----
	Date of Birth: Oct.15,1899 / Birth Place: J Lewisville,Idaho	Full Name of Mother: Margaret Kinghorn	Name of Father: Louis Monroe Brian	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Penny L. Wing	Date Filed: August 17, 1961

FORM BH 56067

AUG 17 1961

553-204-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 700

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vertie Mae Nelson		2. Date Of Birth (month) (day) (year): July 4 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Cottonwood, Idaho
FATHER	6. Full Name of Father: Ulysses Grant Nelson		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Agnes Adelia Harkins		9. State or Country of Mother's Birth: Springfield, Ill
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vertie Mae Nelson	11. Present Address of Registrant: Garfield, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1961	12. Signature of Notary: E Johnson	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Wash.Rec.#1058,Reg.#27	Apr.23,1945	child born Nov.30,1917
	Date of Birth: age 18	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Marriage Return	Yakima County, Washington Eugene Naff, County Auditor	July 14, 1961	Nov.29,1916
	Date of Birth: age 17	Birth Place: Cottonwood,Idaho	Full Name of Mother: Agnes Harkins	Name of Father: Grant Nelson
SUPPORTING RECORD 3.	affidavit by half-brother	Walt J.McCollum age 72	Aug.7,1961	----
	Date of Birth: July 4,1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Penny L. Wing	Aug. 22, 1961

FORM BH 56067

SEP 12 1984

NOV 28 1966

Van Brasklin

(for Vertie Mae Nelson)

553-204-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 701

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Wayne Nelson		2. Date of Birth (month) July (day) 4 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Cottonwood, Idaho
FATHER	6. Full Name of Father: Ulysses Grant Nelson			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Agnes Adelia Harkins			9. State or Country of Mother's Birth: Springfield, Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Wayne Nelson Mountain		11. Present Address of Registrant: Rte #1, Leavenworth, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: August 7th 1961	12. Signature of Notary: Hazel Hansen		13. Notary Commission expires: 2/16 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Wash. Record #417, Reg. #69	Date Issued: Oct. 26, 1943	Date Orig. Entry: child born Apr. 3, 1922
	Date of Birth: age 22 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Marriage Return	By whom issued and signed: Yakima County, Washington, Eugene Naff, County Auditor	Date Issued: July 14 1961	Date Orig. Entry: Feb. 2, 1920
	Date of Birth: age 20 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Agnes Harkins	Name of Father: Grant Nelson	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: Cascade Sanitarium, Leavenworth, Wash. H.D. McWhirter, Man.	Date Issued: Apr. 18, 1961	Date Orig. Entry: child born Dec. 3, 1933
	Date of Birth: age 34 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION	affidavit by Half-Brother, Walt J. McCollum age 72, issued on Aug. 7, 1961 Date of birth July 4, 1899.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Bonner	Evidence reviewed by: Penny L. Wing		Date Filed: Aug. 22, 1961

FORM BH 56067

11-25-60

SEP 18 1900

JAN 24 1900

11-25-00

453-212-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hallie May DeCamp		2. Date of Birth (month) May (day) 12 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: Edmunds (mail:St.Anthony)
FATHER	6. Full Name of Father: Charles Henry DeCamp		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Ida Caroline Rosenfield		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hallie McCall	11. Present Address of Registrant: 298 Waverley, Menlo Park, California	
NOTARY (Seal)	Subscribed and sworn to before me on April 14, 1961	12. Signature of Notary: Harrison Dennis	13. Notary Commission expires Oct. 17, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of Credits	By whom issued and signed: University of Idaho, E. Olesen	Date Issued: June 16, 1922	Date Orig. Entry: Sept. 15, 1919 Matriculation
	Date of Birth: May 12, 1899 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: ----	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: May 12, 1899 / Birth Place: Edmonds, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement regarding lodge records	By whom issued and signed: Henrietta-Chapter #21, O.E.S. Idaho Falls, Lela Smith, Sec.	Date Issued: May 10, 1961	Date Orig. Entry: joined Feb. 21, 1919
	Date of Birth: May 12, 1899 / Birth Place: ----	Full Name of Mother: Ida DeCamp	Name of Father: Charles DeCamp	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Aug. 31, 1961

FORM BH 56067

1 copy

AUG 31 1961

859-226-029-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 737

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH MAY HEICK			2. Date of Birth (month) August (day) 26 (year) 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: John Iverson Heick			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Mary Eliza Rogers			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth May Heick		11. Present Address of Registrant: Rt 2 Box 79 Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 5th 1961	12. Signature of Notary: Vicky P. Papineau		13. Notary Commission expires: 4-4 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of The Census	Date Issued: Aug.10,1961	Date Orig. Entry: June 1,1900
	Date of Birth: Aug. 1899	Birth Place: Idaho	Full Name of Mother: Mary E. Heick	Name of Father: John I, Heick
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: Gritman Memorial Hospital Mrs. Olga N. Hanson, Supt.	Date Issued: June 30, 1961	Date Orig. Entry: patient Jan. 1953
	Date of Birth: age 53	Birth Place: ----	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: affidavit by relative	By whom issued and signed: Dadessa E. Rogers age 78	Date Issued: Sept.5,1961	Date Orig. Entry: -----
	Date of Birth: Aug.26,1899	Birth Place: Moscow, Idaho	Full Name of Mother: Mary Eliza Rogers	Name of Father: John Iverson Heick
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Sept. 8, 1961

FORM BH 56067

SEP 8 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1-727

1. Name of child (if any) at time of birth
2. Date of birth (month) (day) (year)
3. Place of birth (county) (town)
4. Color or race
5. Sex
6. Place of birth (state or country)
7. Town or County of birth
8. Full name of father
9. Birthplace of father (state or country)
10. Full maiden name of mother
11. Birthplace of mother (state or country)
12. Signature of applicant
13. Address of applicant
14. Subscribed and sworn to before me on
15. Signature of notary
16. Notary Commission expires

SUPPORTING RECORD 1: Type of document: Census Record; Date of birth: Jan. 1, 1900; Place of birth: Idaho; Date issued: June 1, 1900; By whom issued and signature: Bureau of the Census; Full name of father: Name of mother: Maiden name; Date filed: Date delay entry verified: Jan. 1, 1957

SUPPORTING RECORD 2: Type of document: Affidavit regarding birth record; Date of birth: Birth place: Date issued: June 30, 1964; By whom issued and signature: Theodore R. Brown, Sr.; Full name of father: Full name of mother: Maiden name; Date filed: Date delay entry verified: Jan. 1, 1957

SUPPORTING RECORD 3: Type of document: Affidavit by relative; Date of birth: Birth place: Date issued: Feb. 4, 1964; By whom issued and signature: Theodore R. Brown, Sr.; Full name of father: Full name of mother: Maiden name; Date filed: Date delay entry verified:

SUPPORTING INFORMATION:

FOR MARRIAGE CERTIFICATION (Name of applicant): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that no documentary evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.

Photo Negative: Evidence reviewed by: Date filed: Sept. 8, 1964

Name on Error

632-226-019-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 738

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Olson			2. Date of Birth (month) 11 (day) 26 (year) 1899
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Challis, Idaho Custer	b. City or Town of Birth: Challis, Idaho
FATHER	6. Full Name of Father: Axel Olson			7. State or Country of Father's Birth: U.S. A.
MOTHER	8. Full Maiden Name of Mother: Anna Holm			9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche F. Newton		11. Present Address of Registrant: P.O. Box 390 Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 28, 1961	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan. 6, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #265751	Date Issued: -----	Date Orig. Entry: child born Apr.2,1938
	Date of Birth: age 38	Birth Place: Challis, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Order of Adoption	By whom issued and signed: Bingham County, Idaho. J. E. Good, Probate Judge	Date Issued: Sept.6,1917	Date Orig. Entry: Sept.6,1917
	Date of Birth: Nov.26,1899	Birth Place: ----	Full Name of Mother: Anna Olsen	Name of Father: Axel Olsen
SUPPORTING RECORD 3.	Type of Document: Insurance policy	By whom issued and signed: Royal Neighbors of American	Date Issued: Oct.1,1942	Date Orig. Entry: Mar.15,1927
	Date of Birth: Nov.26,1899	Birth Place: Challis, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Bennett	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 7,1961

FORM BH 56067

7-27-61

SEP 7 1961

DEC 15 1965

635-230-028-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 740

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY EDITH FLEMMING		2. Date of Birth (month) May (day) 30 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Rathdrum
FATHER	6. Full Name of Father: George Wellington Flemming, Sr.		7. State or Country of Father's Birth: Osseo, Minnesota	
MOTHER	8. Full Maiden Name of Mother: Martha Jane Gill		9. State or Country of Mother's Birth: Decaturville, Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Edith Flemming Young	11. Present Address of Registrant	
NOTARY (Seal) Alameda County	Subscribed and sworn to before me on JULY 13, 19 61	12. Signature of Notary: Edward H. Hogarty	13. Notary Commission expires: My Commission Expires Nov. 9, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by half sister (more than 10 years older)	By whom issued and signed: Nora Hite	Date Issued: July 22, 1957	Date Orig. Entry
	Date of Birth: May 30,1899	Birth Place: Kootenai County Rathdrum, Idaho	Full Name of Mother: Martha Jane Gill	Name of Father: George Wellington Flemming, Sr.
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Spokane County Washington, Frank J. Glover, auditor	Date Issued: June 9,1961	Date Orig. Entry: Nov.9,1922
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: Mattie Gill	Name of Father: George W. Flemming
SUPPORTING RECORD 3.	Type of Document: #6 872 243 statement regarding insurance policy	By whom issued and signed: New York Life Insurance Co. P.O'Keefe, Supt,	Date Issued: Aug.29,1961	Date Orig. Entry: Dec.8,1920
	Date of Birth: May 30,1899	Birth Place: ----	Full Name of Mother: Mattie Flemming	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Sept. 7, 1961	

FORM BH 56067

SEP 7 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed

Sept. 7, 1961

Name

Joane

351-101-022-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 803

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORSON LEON LEAVITT			2. Date Of Birth (month) (day) (year): SEPT 1st 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: Teton, Fremont, IDAHO
FATHER	6. Full Name of Father: ORSON LEAVITT			7. State or Country of Father's Birth: MENDON, UTAH.
MOTHER	8. Full Maiden Name of Mother: ALICE SPACKMAN			9. State or Country of Mother's Birth: LIVERPOOL, ENGLAND, G.B.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orson Leon Leavitt		11. Present Address of Registrant: 613 N 5th St. Nyssa, Oregon.
NOTARY (Seal)	Subscribed and sworn to before me on: August 8th 19 61	12. Signature of Notary (OREGON): [illegible]		13. Notary Commission expires: February 23rd 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: The Logan Temple, LDS Church A. George Raymond, President	Date Issued: Sept. 23, 1954	Date Orig. Entry: Mar. 18, 1925
	Date of Birth: Sept. 1, 1899	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Parma Ward Merlyn W. Durrant, clerk	Date Issued: ----	Date Orig. Entry: baptized Sept. 17, 1909
	Date of Birth: Sept. 1, 1899	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Alice Leavitt McKinnon	Date Issued: Sept. 22, 1961	Date Orig. Entry: ----
	Date of Birth: Sept. 1, 1899	Birth Place: Teton, Idaho	Full Name of Mother: Alice Spackman	Name of Father: Orson Leavitt
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Sept. 28, 1961

FORM BH 56067

8-1-61

SEP 28 1961

DEC 16 1963

219-125-032-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 907

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rex Sylvester Barlogi			2. Date of Birth (month) November (day) 25 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Domingo Barlogi			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Agnes Bell Harris			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rex S. Barlogi		11. Present Address of Registrant: Bliss Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Teachers Daily Register	By whom issued and signed: Ida A. Parry	Date Issued: January 25, 1906	Date Orig. Entry: January 25, 1906
	Date of Birth: Age 5	Birth Place: ----	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: File # 127973	Date Issued: ----	Date Orig. Entry: 12-9-24
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: Lizzie G. Ellis age 76	Date Issued: Oct. 27, 1961	Date Orig. Entry: ----
	Date of Birth: Nov. 25, 1899	Birth Place: Hagerman, Idaho	Full Name of Mother: Agnes Bell Harris	Name of Father: Domingo Barlogi
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Bonner	ec Penny L. Wing	Oct. 31, 1961

FORM BH 56067

NOV 2 [redacted]

SEP 16 [redacted]

165-118-022-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De610 914

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Samuel Jones		2. Date of Birth (month) April (day) 18 (year) 1899	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: St Anthony Fremont	b. City or Town of Birth: St Anthony Twin Groves
FATHER	6. Full Name of Father: William Samuel Jones		7. State or Country of Father's Birth: Utah - Bountiful	
MOTHER	8. Full Maiden Name of Mother: Martha Ann Cox.		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Samuel Jones	11. Present Address of Registrant: 216 SW 9th St. Pendleton Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 30 1961 AT PENDLETON OREGON	12. Signature of Notary: Charles A Peterson NOTARY PUBLIC FOR OREGON	13. Notary Commission expires: Nov. 13 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Membership Record	By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, custodian	Date Issued: Sept. 26, 1961	Date Orig. Entry: baptized June 14, 1909
	Date of Birth: Apr. 18, 1899	Birth Place: Twin Groves, Idaho	Full Name of Mother: Martha Cox	Name of Father: William Jones
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #150304	Date Issued: -----	Date Orig. Entry: child born Mar. 13, 1927
	Date of Birth: age 27	Birth Place: St. Anthony, Ida.	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: insurance policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Apr. 15, 1943	Date Orig. Entry: Apr. 14, 1943
	Date of Birth: Apr. 18, 1899	Birth Place: St. Anthony, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	Nov. 1, 1961

FORM BH 56067

9-8-61

Jones

NOV 6 1968

962-127-003-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 964

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Lionel Robbins			2. Date of Birth (month) Nov. (day) 27 (year) 1899
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Thatcher Bannock	b. City or Town of Birth: Thatcher Idaho
FATHER	6. Full Name of Father: Milton Robbins			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Rachel Hoops			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H L Robbins		11. Present Address of Registrant: 86 Inverness Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 11 1961	12. Signature of Notary: Russell J. Burns		13. Notary Commission expires: Jan. 15, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Membership	By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Date Issued: Aug. 31, 1961	Date Orig. Entry: Baptized Mar. 15, 1909
	Date of Birth: Nov. 27, 1899	Birth Place: Thatcher, Idaho	Full Name of Mother: Rachel Hoopes	Name of Father: Milton Robbins
SUPPORTING RECORD 2.	Type of Document: own twins birth certificates	By whom issued and signed: Idaho #179836 Idaho #179837	Date Issued: ----	Date Orig. Entry: twins born March 18, 1930
	Date of Birth: age 30	Birth Place: Thacher, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Insurance policy application	By whom issued and signed: Business Men's Assurance Co.	Date Issued: ----	Date Orig. Entry: Apr. 30, 1931
	Date of Birth: Nov. 27, 1899	Birth Place: Thatcher, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barsons	Evidence reviewed by: pw Penny L. Wing	Date Filed: Nov. 15, 1961

FORM BH 56067

5-20-81

NOV 17 1961

Russell J. Burns, City

155-105-036-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 978

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Huston Lusk Jenkins			2. Date of Birth (month) December (day) 5 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Malad Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Huston Evans Jenkins			7. State or Country of Father's Birth: Glamorganshire, Wales
MOTHER	8. Full Maiden Name of Mother: Lovisa Lusk			9. State or Country of Mother's Birth: Malad, Oneida Co., Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Huston Lusk Jenkins		11. Present Address of Registrant: 323 W 2nd S
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 18. 1961	12. Signature of Notary: Don G Powell		13. Notary Commission expires: 8-18 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Rexburg Stake Ralph Dean Steiner, Clerk	Date Issued: Sept.24, 1961	Date Orig. Entry: baptized Sept.6,1908
	Date of Birth: Dec.5,1899	Birth Place: Idaho Malad, Oneida,	Full Name of Mother: Lovisa Lusk	Name of Father: Huston Jenkins
SUPPORTING RECORD 2.	Type of Document: Employment application	By whom issued and signed: Idaho Dept. of Highways	Date Issued: ----	Date Orig. Entry: Jan. 1,1952
	Date of Birth: Dec.5,1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: statement regarding insurance policy #M 95 634 883	By whom issued and signed: Prudential Insurance Co. Don G.Powell,Notary Public	Date Issued: Nov.18,1961	Date Orig. Entry: 1955
	Date of Birth: Dec.5,1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 20, 1961

FORM BH 56067

NOV 21 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth

3. Place of Birth

4. Sex

5. City or Town of Birth

6. County

Island

FATHER

7. Full Name of Father

8. State or Country of Father's Birth

MOTHER

9. Maiden Name of Mother

10. State or Country of Mother's Birth

Island, Canada or Co. Tipperary

I hereby declare and make oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present Address of Registrant

Subscribed and sworn to before me on

13. Signature of Maker

14. Notary Commission Expires

IF NOT ABLE TO SIGN, MARK

SUPPORTING RECORD 1

Date of Document

Date Issued

By whom issued and signed

Date Reg. Form

Date of Birth

Birth Place

Full Name of Mother

Maiden of Father

SUPPORTING RECORD 2

Date of Document

Date Issued

By whom issued and signed

Date Reg. Form

Place of Birth

Birth Place

Full Name of Mother

Maiden of Father

SUPPORTING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date Filed

Evidence reviewed on

State Registrar

Date Filed

Copy to Registrant

319-118-016-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1001

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leo Charles Carson			2. Date of Birth (month) Nov (day) 18 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oakley, Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: John ALMa Carson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annie Larson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo Charles Carson		11. Present Address of Registrant: Route 2 Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 25 1961	12. Signature of Notary: Geo Foote Jr		13. Notary Commission expires: Jan 22 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #256999	Date Issued: -----	Date Orig. Entry: child born June 17, 1937
	Date of Birth: age 37 / Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: insurance policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Nov.14,1934	Date Orig. Entry: Nov. 9, 1934
	Date of Birth: Nov.18,1899 / Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: ----	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov.18,1899 / Birth Place: ----	Full Name of Mother: Annie L. Carson	Name of Father: John A. Carson	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: pw Penny L. Wing		Date Filed: Nov. 28, 1961

FORM BH 56067

DEC 4 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Registrant's full name at birth

2. Sex

3. Place of birth (County)

4. Date of birth

FATHER

5. Full name of father

6. Place of birth (State or country)

MOTHER

7. Maiden name of mother

8. Place of birth (State or country)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant

10. Present address of applicant

NOTARY (Seal)

Subscribed and sworn to before me

12. Signature of Notary

13. Notary Public for

SUPPORTING RECORD 1.

Type of document

Date issued

Date filed

SUPPORTING RECORD 2.

Type of document

Date issued

Date filed

SUPPORTING RECORD 3.

Type of document

Date issued

Date filed

OFFICIAL INFORMATION

Date of birth

Birth place

Full name of mother

Maiden name of father

Type of delayed certificate

Date of registration

Registrar

REGISTRATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been submitted which substantiates the facts as set forth in the foregoing affidavit.

Date sent for

Filmers reviewed by

Date filed

FORM 40 REVISED

466-116-016-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hugh Putnam Moon		2. Date of Birth (month) Feb. (day) 16 (year) 1899	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oakley, Idaho	b. City or Town of Birth: Cassia County
FATHER	6. Full Name of Father: Hugh Mathias Moon		7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Louisa McBride		9. State or Country of Mother's Birth: Oakley, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hugh Putnam Moon	11. Present Address of Registrant: West Court at Road 22 Pasco, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: July 17, 1961 19	12. Signature of Notary: Estelle R Baker	13. Notary Commission expires: 3/18/65 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Oct. 29, 1951
	Date of Birth: Feb. 16, 1899 / Birth Place: Casia County Oakley, Idaho	Full Name of Mother: Martha Louisa McBride	Name of Father: Hugh M. Moon	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Insurance Co.	Date Issued: Aug. 26, 1924	Date Orig. Entry: Aug. 21, 1923
	Date of Birth: Feb. 16, 1899 / Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: Our Lady of Lourdes Hospital Ruth Jaynes, Med. Rec. Dept.	Date Issued: Sept. 19, 1961	Date Orig. Entry: 1954
	Date of Birth: Feb. 16, 1899 / Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Nov. 30, 1961

FORM BH 56067 2-5-60 one copy paid #20024

NOV 30 1961

893-105-035-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Holly Homer Hill			2. Date Of Birth (month) January (day) 5, (year) 1899
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: NezPerce (now Lewis)	b. City or Town of Birth: 2½ miles East of Nezperce, Idaho
FATHER	6. Full Name of Father: Samuel Hill			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Susan Price			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Holly Homer Hill		11. Present Address of Registrant: Craigmont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 27, 1961	12. Signature of Notary: Robert Strom		13. Notary Commission expires October 17 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Robert C. Strom, Notary Pub.	Date Issued: Dec. 1, 1961	Date Orig. Entry: obviously old
	Date of Birth: Jan. 5, 1899 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle	By whom issued and signed: Charles C. Hill (at birth) age 14	Date Issued: June 27, 1961	Date Orig. Entry: -----
	Date of Birth: Jan. 5, 1899 / Birth Place: 2½ mi. East of Nezperce, Idaho	Full Name of Mother: Susan Price	Name of Father: Samuel Hill	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Oct. 10, 1961	Date Orig. Entry: June 1, 1900
	Date of Birth: Jan. 1899 / Birth Place: Idaho	Full Name of Mother: Susan Hill	Name of Father: Samuel Hill	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing		Date Filed: Dec. 6, 1961

FORM BH 56067 6-21-61

DEC 7. 1961

215-104-024-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1026

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Mathew Savage			2. Date Of Birth (month) Oct. (day) 4 (year) 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Hagerman, Gooding	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Marion Kornlius Savage			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lola Berneta Graham			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Mathew Savage		11. Present Address of Registrant: Aberdeen, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 19 61	12. Signature of Notary: Lukas L. Shaw		13. Notary Commission expires: Nov. 1, 1964 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: drivers license	By whom issued and signed: Stateoof Idaho #67766	Date Issued: Sept.4,1935	Date Orig. Entry: Sept. 4,1935
	Date of Birth: Oct.4,1899 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by sister	By whom issued and signed: Lola B. Malicoat age 71	Date Issued: Dec. 1,1961	Date Orig. Entry: ------
	Date of Birth: Oct.4,1899 / Birth Place: Hagerman, Idaho	Full Name of Mother: Lola Berneta Graham	Name of Father: Marion Kornlius Savage	
SUPPORTING RECORD 3.	Type of Document: Insurance policy	By whom issued and signed: Illinois Bankers Life Assn.	Date Issued: June 20,1922	Date Orig. Entry: May 22, 1922
	Date of Birth: Oct.4,1899 / Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 7, 1961

FORM BH 56067

10-19-61

DEC 13 1961

632-228-008-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-1047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Matilda Olsen			2. Date of Birth (month) (day) (year): October 28, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: home Boise	b. City or Town of Birth: Horseshoe Bend, Idaho
FATHER	6. Full Name of Father: Martin Olsen			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Cora E. Smidt			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lena M. Stockton		11. Present Address of Registrant: Parma, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 30th September 19 59	12. Signature of Notary: Martin L Hay		13. Notary Commission expires: May 29, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother 83 age	By whom issued and signed: Cora E. Evans	Date Issued: ----	Date Orig. Entry: 9-30-59
	Date of Birth: October 28, 1899 / Birth Place: Horseshoe bend Idaho	Full Name of Mother: Cora E. Smidt Olsen	Name of Father: Martin Olsen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth cert.	By whom issued and signed: file # 112400	Date Issued: ----	Date Orig. Entry: May 30, 1923
	Date of Birth: Age 23 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Old Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: October 28, 1899 / Birth Place: ----	Full Name of Mother: Cora Olsen	Name of Father: Martin Olsen	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: ec Elaine Coy		Date Filed: November 12-11-61

FORM BH 56067

DEC 12 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child	2. Sex	3. Date of birth (Month, day, year)	
		October 28, 1899	
4. Place of birth (County, city or town)			
Norwegbot Bend, Idaho			
5. Name of father		6. Birthplace of father (State or country)	
Ole Olsen		Norway	
7. Maiden name of mother		8. Birthplace of mother (State or country)	
Cora E. Evans		Illinois	
9. Mother's residence (Town, county, state)			
Norwegbot Bend, Idaho			
10. Attendant	11. Date received by registrar	12. Registrar's signature	
Affidavit by mother age 83		Cora E. Evans	
13. Date filed			
5-30-50			

Own childs birth cert.

14. Name of informant	15. Mailing address of informant		
Cora Olsen	Age 23 Idaho		
16. Relationship to child	17. Date of birth (Month, day, year)	18. Place of birth (City, county, state)	
Mother	October 28, 1899	Norwegbot Bend, Idaho	
19. Maiden name of mother			
Cora Olsen			
20. Name of father			
Merrill Olsen			
21. Date filed			
5-30-50			

22. Type of document	23. Date issued and signed	24. Date filed	
Bible Record	Old Family Bible	file # 115-00	
25. Date issued			
---	---	---	---
26. Name of registrar			
Merrill Olsen			
27. Date filed			
November 11-3			

897-106-003-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELIAS JOHN HIGBEE			2. Date Of Birth (month) (day) (year): November 6, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Hawkins Creek
FATHER	6. Full Name of Father: Claude Allen Higbee			7. State or Country of Father's Birth: Clarenc e Missouri
MOTHER	8. Full Maiden Name of Mother: Janet Laird Cairns			9. State or Country of Mother's Birth: Scotland, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elias John Higbee		11. Present Address of Registrant: 168 Beryl Ave. Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 11 1961	12. Signature of Notary: Wayne A. Ashworth		13. Notary Commission expires: August 27 1965

APPLICANT— DO NOW WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Janet Laird Cairns Higbee	Date Issued: Dec.11,1961	Date Orig. Entry: ------
	Date of Birth: Nov.6,1899	Birth Place: Hawkins Creek Ida.	Full Name of Mother: Janet Laird Cairnss	Name of Father: Claude Allen Higbee
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Utah #957	Date Issued: Dec.8,1961	Date Orig. Entry: child born Marc. 25, 1933
	Date of Birth: age 33	Birth Place: Hawkins Creek, Ida.	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Marsh Center Ward, Portneuf Stake, Bishop James Shumway	Date Issued: ------	Date Orig. Entry: baptized May 30,1909
	Date of Birth: Nov.6,1899	Birth Place: -----	Full Name of Mother: Jessie Cairns	Name of Father: Claude A. Higbee
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Dec.13, 1961

FORM BH 56067 4-21-61 1 copy paid #15024

DEC 14 1961

815-204-015-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Molena Hansen			2. Date of Birth (month) January (day) 4 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lago	b. City or Town of Birth: Grace, Idaho.
FATHER	6. Full Name of Father: Lars Peter Hansen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Dorthea Mickelsen			9. State or Country of Mother's Birth: Huntsville, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Molena Hansen Turner		11. Present Address of Registrant: 1458 So. Cochran Ave. Los Angeles 19, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 3, 19 61	12. Signature of Notary: [illegible]		13. Notary Commission expires: February 28 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: California, Local Reg.#9567	Date Issued: -----	Date Orig. Entry: child born Aug. 1,1933
	Date of Birth: age 34	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Dorthea Mickelsen Hansen	Date Issued: Aug.30,1955	Date Orig. Entry: -----
	Date of Birth: Jan.4,1899	Birth Place: Lago, Idaho	Full Name of Mother: Dorthea Mickelsen Hansen	Name of Father: Lars Peter Hansen	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: Bureau of the Census	Date Issued: Nov.28,1961	Date Orig. Entry: June 1,1900
	Date of Birth: Jan.1899	Birth Place: Idaho	Full Name of Mother: Dorthea Hansen	Name of Father: Lars P. Hansen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Dec. 14, 1961

FORM BH 56067

1 copy paid 9-19-61

DEC 15 1981

DEC 28 1981

669-214-035-817

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OLIVE WINONA FORDYCECH			2. Date of Birth (month) (day) (year): July 14, 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nezperce	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Charles Edward Fordyce			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Ethel Christine Hagen			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive Winona Fordyce		11. Present Address of Registrant: Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 28, 1961	12. Signature of Notary: [illegible]		13. Notary Commission expires: October 15, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Sept. 21 1961	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Insurance policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Nov. 6, 1943	Date Orig. Entry: Nov. 5, 1943
	Date of Birth: July 14, 1899	Birth Place: Lewiston, Idaho	Full Name of Mother: ~~affi~~	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin	By whom issued and signed: Frank Forddyce age 76	Date Issued: Dec. 12, 1961	Date Orig. Entry: -----
	Date of Birth: July 14, 1899	Birth Place: ----	Full Name of Mother: Ethel Fordyce	Name of Father: Charles Fordyce
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jameson	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 14, 1961

FORM BH 56067

7-24-61

1 copy paid

DEC 15 1961

459-211-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah T.Merrill			2. Date of Birth (month) December (day) 11 (year) 1899
	3. Color or Race: Cauc.	4. Sex: Female	5. Place of Birth a.County: Fremont	b.City or Town of Birth: Menan
FATHER	6. Full Name of Father: William Merrill			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Smith			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah T. Merrill		11. Present Address of Registrant: Lorenzo, Idaho #1.
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 1962	12. Signature of ~~Notary~~: Eileen Madsen		13. ~~Notary Commission expires~~ CLERK OF THE DISTRICT COURT ~~TWELFTH JUDICIAL DISTRICT~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital record of child's birth.	By whom issued and signed: Idaho Falls LDS Hospital Idaho Falls, Idaho	Date Issued: - ---	Date Orig. Entry: Born Sept. 19, 1936
	Date of Birth: Dec. 11, 1899	Birth Place: Menan, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding Teacher's Record. Year Sept. 21, 1908	By whom issued and signed: Wendall C. Radford, Principal Menam Elementary School	Date Issued: Jan. 4, 1962	Date Orig. Entry: ---
	Date of Birth: Age: 8	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth Copy	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Dec. 28, 1960	Date Orig. Entry: April 4, 1900,
	Date of Birth: Dec. 11, 1899	Birth Place: Menan, Fremont County, Idaho	Full Name of Mother: Sarah Smith	Name of Father: William Merrill
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 10, 1962

FORM BH 56067

MAR 7 1972

JAN 11 1962

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845-127-025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-044

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martin Huntley			2. Date of Birth (month) 3 (day) 27 (year) 99
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Winona
FATHER	6. Full Name of Father: Albert Huntley			7. State or Country of Father's Birth: Benton Co. Ark.
MOTHER	8. Full Maiden Name of Mother: Nettie Lowe			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martin Huntley		11. Present Address of Registrant: Craigmont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: The 4 19 61	12. Signature of Notary: Tom B Payne		13. Notary Commission expires: 7- 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of own child's birth certificate File No. 82	By whom issued and signed: Herbert B. Snyder, County Recorder, Sonoma County, Calif.	Date Issued: Oct, 1944	Date Orig. Entry: Born Oct. 13, 1926
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: V. A. Hospital, Walla Walla, Washington	Date Issued: July 3, 1953	Date Orig. Entry: July 3, 1953
	Date of Birth: March 27, 1899	Birth Place: Winona, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor Age: 86	By whom issued and signed: Felix Martzen	Date Issued: Jan. 12, 1962	Date Orig. Entry: ----
	Date of Birth: March 27, 1899	Birth Place: Winona, Idaho	Full Name of Mother: Nettie Lowe Huntley	Name of Father: Albert Huntley
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Jan. 15, 1962

1-9-62

FORM BH 56067

1 copy paid 12-1-61

JAN 16 1962

819-105-031-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-100

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Albert Hartwig			2. Date Of Birth (month) (day) (year): October 5 1899
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Lewis	b. City or Town of Birth: near Winchester
FATHER	6. Full Name of Father: Herman Hartwig			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Bertha Mary Ann Lavine			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Albert Hartwig		11. Present Address of Registrant: Culdesac, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 31 January 19 62	12. Signature of Notary: Doris I. Barber		13. Notary Commission expires: July 14 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother Jan. 1890 Age: 71	By whom issued and signed: Oscar Hartwig	Date Issued: Jan. 24, 1962	Date Orig. Entry: ---
	Date of Birth: Oct. 5, 1899 / Birth Place: Winchester, Idaho	Full Name of Mother: Bertha Lavine Hartwig	Name of Father: Herman Hartwig	
SUPPORTING RECORD 2.	Type of Document: Census record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Aug. 1, 1957	Date Orig. Entry: June 1 1900
	Date of Birth: Oct. 1899 / Birth Place: Idaho	Full Name of Mother: Bertha Hartwig	Name of Father: Herman Hartwig	
SUPPORTING RECORD 3.	Type of Document: statement regarding marriage record	By whom issued and signed: W.R. Emerson, Clerk of the District Court, Lewis Co., Ida.	Date Issued: Jan. 16, 1962	Date Orig. Entry: married Jan. 6, 1923
	Date of Birth: Age: 23 / Birth Place: Winchester	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 5, 1962

FORM BH 56067

12-21-61

FEB 26 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

1. Name of child: [illegible]
2. Date of birth: October 5, 1939
3. Place of birth: Lewis County, Idaho
4. Sex: W
5. Color or race: W
6. Full name of father: Hudson Harry [illegible]
7. Place of birth (county): Lewis
8. Mother's maiden name: [illegible]
9. Place of birth (county): Winchester
10. Mother's maiden name: [illegible]
11. Place of birth (county): Clearwater
12. Present address of applicant: Orofino, Idaho
13. Signature of applicant: [illegible]
14. Signature of notary: [illegible]
15. Notary Commission expires: May 1, 1963

Subscribed and sworn to before me on: [illegible]

Supporting evidence was seen that the above statements are true to the best of my knowledge and belief.

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of document: [illegible]
By whom issued and signed: [illegible]
Date issued: [illegible]
Date filed: [illegible]
Date of birth: [illegible]
Birth place: [illegible]
Full name of mother: [illegible]
Name of father: [illegible]

SUPPORTING RECORD 2

Type of document: [illegible]
By whom issued and signed: [illegible]
Date issued: [illegible]
Date filed: [illegible]
Date of birth: [illegible]
Birth place: [illegible]
Full name of mother: [illegible]
Name of father: [illegible]

ADDITIONAL INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that diligent search and inquiry has been made to obtain the facts of set forth in the foregoing affidavit.

State Registrar: [illegible]

Signature of Registrar: [illegible]

Date: [illegible]

413-214-006-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-185

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH MABLE MALM		2. Date of Birth (month) July (day) 14 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Wapello
FATHER	6. Full Name of Father: Gottfred Malm		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Selma Augusta Hoffman		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Mable Malm	11. Present Address of Registrant: 445 S. 700 E. St George Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 27 1962	12. Signature of Notary: [illegible]	13. Notary Commission expires: 2/19/65 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding church records	By whom issued and signed: LDS Church, Richard M. Nathis Ward Clerk	Date Issued: ----	Date Orig. Entry: Aug. 3, 1907
	Date of Birth: July 14, 1899	Birth Place: Bingham County Wapello, Idaho	Full Name of Mother: Selma Hoffman	Name of Father: Gottfred Malm
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #108395	Date Issued: Apr. 17, 1961	Date Orig. Entry: Jan. 10, 1923
	Date of Birth: age 23	Birth Place: Wapello, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: Gottfred Malm	Date Issued: Feb. 22, 1962	Date Orig. Entry: ---
	Date of Birth: July 14, 1899	Birth Place: Wapello, Idaho	Full Name of Mother: Selma A. Malm	Name of Father: Gottfred Malm
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	Mar. 2, 1962

FORM BH 56067 [illegible] 13129

MAR 2 1962

253-127-039-239

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-214
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Leo Kelly		2. Date of Birth (month) July (day) 27 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: John Thomas Kelly		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Pearl Stredder		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry L Kelly	11. Present Address of Registrant: Lava Hot Springs, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on Dec. 20 1961	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 1 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle, born 1876		By whom issued and signed: Edwin F. Kelly	Date Issued: April 3, 1956	Date Orig. Entry: ------
Class*	Date of Birth: July 27, 1899	Birth Place: Rockland, Idaho	Full Name of Mother: Pearl Stredder Kelly	Name of Father: John Kelly	
SUPPORTING RECORD 2.	Type of Document: Church record		By whom issued and signed: Ella D. Jack, Custodian of records, LDS Church	Date Issued: July 3, 1956	Date Orig. Entry: baptized July 9, 1911
Class	Date of Birth: July 27, 1899	Birth Place: Rockland, Idaho	Full Name of Mother: Pearl Stredder	Name of Father: John T. Kelly	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for Social Security Account No.		By whom issued and signed: U. S. Treasury Department	Date Issued: ----	Date Orig. Entry: Aug. 3, 1937
Class	Date of Birth: July 27, 1899	Birth Place: Rockland, Idaho	Full Name of Mother: Pearl Stradder	Name of Father: John Kelly	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: Mar. 14, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 14 1962

763-129-031-694

Mon-No 4616

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAY M. POTEET,			2. Date Of Birth (month) December, (day) 29, (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Lewis County, Idaho	b. City or Town of Birth: Nezperce, Idaho
FATHER	6. Full Name of Father: William M. Poteet,			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Sarah Belle Wimpy,			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jay M Poteet	11. Present Address of Registrant: 24172 Webster St., Sunnymead, California
NOTARY (Seal)	Subscribed and sworn to before me on March 5 19 62		12. Signature of Notary: Doris E Soper	13. Notary Commission expires: GEORGE E. SOPER, NOTARY PUBLIC In and for the County of Riverside, State of California My Commission Expires June 6, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle, age: 75		By whom issued and signed: Aaron A. Wimpy	Date Issued: Nov. 3, 1958	Date Orig. Entry: ----
	Date of Birth: Dec. 29, 1899	Birth Place: Nez Perce, Idaho	Full Name of Mother: Sarah Bell Wimpy,	Name of Father: William Madison Poteet	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license		By whom issued and signed: Jack A. Ross, County Recorder Riverside County, California	Date Issued: Jan. 13, 1959	Date Orig. Entry: Jan. 1, 1923
	Date of Birth: Age: 23	Birth Place: -----	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: application for membership for insurance		By whom issued and signed: Great Western Mutual Assoc.	Date Issued: ---	Date Orig. Entry: June 10, 1937
	Date of Birth: Dec. 29, 1899	Birth Place: Nezperce, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 12, 1962

FORM BH 56067

5-27-60 one copy paid #02749

APR 12 1962

1. Registrant's full name at birth	2. Date of birth (day) (month) (year)
JACK M. POTRATZ	December, 29, 1899
3. Sex: White / Male	4. Place of birth (county) Lewis County, Idaho
	5. City or town of birth Nezperce, Idaho
6. Name of father William M. Potratz	7. State or country of registrant's birth Germany
8. Maiden name of mother Sarah Belle Wimmer	9. State or country of mother's birth Germany
10. Signature of registrant	11. Present address of registrant 2172 Webster St., San Francisco, Calif.
12. Signature of witness	
13. Signature of registrar	
14. Date of registration	
15. Signature of registrant's employer	
16. Name and address of employer	
17. Type of business	
18. Date of birth	19. Birth place
20. Full name of father	21. Maiden name of mother
22. Citizen of what country	23. Is he living?
24. Date of birth	25. Birth place
26. Full name of father	27. Maiden name of mother
28. Citizen of what country	29. Is he living?
30. Date of birth	31. Birth place
32. Full name of father	33. Maiden name of mother
34. Citizen of what country	35. Is he living?
36. Date of birth	37. Birth place
38. Full name of father	39. Maiden name of mother
40. Citizen of what country	41. Is he living?
42. I hereby certify that the prior statements have been found to be a true and complete statement of vital statistics for this registrant and that documentary evidence has been examined which substantiates the facts as set forth in the answers to questions.	
State Registrar	Date filed

3-21-60 One copy paid $2.50

318-118-004-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-365

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Bertrand Layng			2. Date of Birth (month) (day) (year): February 18, 1899
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Peter Joseph Layng			7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Mariae Kelly			9. State or Country of Mother's Birth: New York City
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene Bertrand Layng		11. Present Address of Registrant: 2533 Smith Ave Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1962	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Army Record	By whom issued and signed: U. S. Marine Corps L.H. Moses, Colonel	Date Issued: March 11, 1919	Date Orig. Entry: April 18, 1918
	Date of Birth: February 18, 1899	Birth Place: Montpelier, Idaho	Full Name of Mother: ------	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism	By whom issued and signed: Jerome O'Connor Roman Catholic Church	Date Issued: April 2, 1899	Date Orig. Entry: April 2, 1899
	Date of Birth: February 18, 1899	Birth Place: Montpelier,	Full Name of Mother: Mariae Kelly	Name of Father: Petri Layng
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: File #125626 in Idaho	Date Issued: 10-18-24	Date Orig. Entry: August 11, 1924
	Date of Birth: Age 25	Birth Place: Montpelier, Idaho	Full Name of Mother: -----	Name of Father: ----

QUALIFYING INFORMATION

Insurance Policy gives date of birth February 18, 1899 Dated 7-1-31. Business Nen's Assurance Co. #642405.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson,	Elaine Coy	May 1, 1962

FORM BH 56067

MAY 2 1982

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State file No. 62-365

CHILD	1. Registered full name at birth: Jerome Gerald Joseph Lynn		5. Date of birth: February 18, 1899 (month) (day) (year)
	2. Sex: Male	3. Place of birth: Bear Lake	4. City or town of birth: Montpelier
FATHER	6. Full name of father: Peter Joseph Lynn		7. State or country of father's birth: Ireland
MOTHER	8. Full maiden name of mother: Mary Kelly		9. State or country of mother's birth: New York City
AFFIDAVIT		10. Signature of registrant	11. Present address of registrant
NOTARY SEAL	Subscribed and sworn to before me on	12. Signature of notary	13. Notary Commission expires
SUPPORTING RECORD 1	Type of Record: Baptismal Record	DO NOT WRITE BELOW THIS LINE. Name of issuer: U. S. Marine Corps	Date issued: March 21, 1919
	Date of birth: February 18, 1899	Full name of mother: J.H. Mashe, Colonel	Name of father: ----
SUPPORTING RECORD 2	Type of document: Certificate of Baptism	Name of issuer: Jerome O'Connor, Roman Catholic Church	Date issued: April 2, 1899
	Place of birth: Montpelier,	Full name of mother: Marie Kelly	Name of father: Peter Lynn
SUPPORTING RECORD 3	Type of document: Own child's birth certificate	Name issuer and place: File #125626 in Idaho	Date issued: 10-18-24
	Date of birth: Age 25	Place: Montpelier, Idaho	Full name of mother: ----
ADDITIONAL INFORMATION	Insurance policy gives date of birth February 18, 1899 Dated 7-1-31. Business Men's Assurance Co. #662905.		
CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.		
	Date: May 1, 1982	Signature of registrar: R. W. Jensen,	Signature reviewed by: Elaine Coy
			Date filed: May 1, 1982

FORM VS 1200-1

962-230-022-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-377

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Hendricks Robertson			2. Date of Birth (month) (day) (year): September 30 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Hibbard
FATHER	6. Full Name of Father: Josiah Hendricks			7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Ellen Neilson			9. State or Country of Mother's Birth: Hyde Park, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Hendricks Robertson		11. Present Address of Registrant: St Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 19 62	12. Signature of Notary: [signature]		13. Notary Commission expires: January 20 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 127009, Idaho	Date Issued: ------	Date Orig. Entry: child born Oct. 16, 1924
	Date of Birth: Age: 25	Birth Place: Hibbard, Idaho	Full Name of Mother: ----------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: application for life insurance	By whom issued and signed: Occidental Life Insurance Company	Date Issued: Nov. 20, 1936	Date Orig. Entry: Nov. 17, 1936
	Date of Birth: Sept. 30, 1899	Birth Place: Hibbard, Idaho	Full Name of Mother: ------ ------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: affidavits by neighbors at time of birth ages: 78 & 74	By whom issued and signed: George William McCulloch 78 Elizabeth Lee McCulloch 74	Date Issued: Mar. 20, 1962	Date Orig. Entry: ----
	Date of Birth: Sept. 30, 1899	Birth Place: Hibbard, Idaho	Full Name of Mother: Harriet Ellen Nielson	Name of Father: Josiah Hendricks
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 8, 1962

FORM BH 56067 3-27-62

MAY 8, 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Name at birth: Sarah Hendricks Robertson
2. Date of birth: September 30 1909
3. Sex: Female
4. Place of birth: County: Fremont
5. City or Town of birth: Hibbard
6. Father's name: Josiah Hendricks
7. Place of birth: Logan, Utah
8. Mother's maiden name: Harriet Ellen Nelson
9. Place of birth: Hyde Park, Utah
10. Signature of registrant: LAURA
11. Present address of registrant: St Anthony, Idaho
12. Signature of Agent
13. Date of Delayed Certificate: January 20 1965

I hereby certify that the statements made in this application are true to the best of my knowledge and belief.

Subscribed and sworn to before me on March 30 1962

AFFIDAVIT

Date issued: Oct. 26, 1965

Date filed: May 3, 1966

Date issued: Jan. 20, 1966

Date issued: Hibbard, Idaho

Date issued: Hibbard, Idaho

Date issued: Hibbard, Idaho

Date filed: May 3, 1966

655-220-040-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Muriel Feehan			2. Date of Birth (month) October (day) 20 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Murray
FATHER	6. Full Name of Father: John Charles Feehan			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Hattie Isabel Ferguson			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy Muriel Feehan Harding		11. Present Address of Registrant: 422 No. Fairview Burbank, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on July 16, 1962 Notary Public in and for County of Los Angeles State of California 19	12. Signature of Notary: Gloria B. Helsted		13. Notary Commission expires: March 18 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File No. 15051, California	Date Issued: Sept. 23, 1942	Date Orig. Entry: child born Oct. 5, 1937
	Date of Birth: Age: 37	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D. C.	Date Issued: Jan. 2, 1957	Date Orig. Entry: April 15, 1910
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Isabell Feehan	Name of Father: John C. Feehan	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth. Age: 88		By whom issued and signed: Charles B. Craven	Date Issued: Sept. 13, 1960	Date Orig. Entry: ------
	Date of Birth: Oct. 20, 1899	Birth Place: Murray, Idaho	Full Name of Mother: Hattie Feehan	Name of Father: John Charles Feehan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	July 20, 1962

FORM BH 56067 1 cy. pd.

JUL 20 1962

613-216-022-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-589

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Violet Walker			2. Date Of Birth (month) (day) (year): April 16, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Welby H. Walker			7. State or Country of Father's Birth: Salt Lake City, Utah.
MOTHER	8. Full Maiden Name of Mother: Sarah Hegsted			9. State or Country of Mother's Birth: Huntsville, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Violet Musgrave		11. Present Address of Registrant: 496 Oneida Ave Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1962	12. Signature of Notary: C. E. Jacoby		13. Notary Commission expires: 5/12 1966.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Jun 29, 1962	Date Orig. Entry: June 3, 1900
	Date of Birth: April 16, 1899 / Birth Place: Lewisville, Idaho Frement County	Full Name of Mother: Sarah Hegsted	Name of Father: Welby H. Walker	
SUPPORTING RECORD 2.	Type of Document: affidavit by cousin, born 1888	By whom issued and signed: Emmett C. Walker	Date Issued: July 30, 1962	Date Orig. Entry: ------
	Date of Birth: April 16, 1899 / Birth Place: --------	Full Name of Mother: ---------	Name of Father: Welby H. Walker	
SUPPORTING RECORD 3.	Type of Document: notarized copy from Ancestry Books Page 70	By whom issued and signed: C. E. Jacoby, NotaryPublic	Date Issued: July 30, 1962	Date Orig. Entry: obviously old
	Date of Birth: April 16, 1888 / Birth Place: --------	Full Name of Mother: Sarah Hegsted	Name of Father: Welby H. Walker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: August 1, 1962

FORM BH 56067

AUG 1 1962

142-209-003-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lettie Butler Austin			2. Date of Birth (month) (day) (year): October 9, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Cleveland
FATHER	6. Full Name of Father: William McIntire Austin			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lovisa Patience Austin			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lettie Butler Austin		11. Present Address of Registrant: 6101 N 35th Drive Phoenix Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: August 28, 19 62	12. Signature of Notary: Ruth West		13. Notary Commission expires: My Commission Expires Oct. 21, 1965 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photo copy of family record	By whom issued and signed: Leamon Vovakes, Notary Public	Date Issued: Aug. 17, 1962	Date Orig. Entry: obviously old
	Date of Birth: Oct. 9, 1899 / Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Lovisa Patience Austin	Name of Father: William McIntire Austin	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 117404, Idaho	Date Issued: ---	Date Orig. Entry: child born July 17, 1923
	Date of Birth: Age: 23 / Birth Place: Cleveland, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding insurance policy (notarized)	By whom issued and signed: James A. Mortensen, Representative	Date Issued: Aug. 28, 1962	Date Orig. Entry: Sept. 9, 1941
	Date of Birth: Age: 41 / Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. H. Benson	Evidence reviewed by: Shirley Miller sm		Date Filed: August 30, 1962

FORM BH 56067

AUG 31 1962

614-230-006-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-765

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Wadsworth			2. Date Of Birth (month) May (day) 30 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Home Bingham	b. City or Town of Birth: Taylorville, Idaho (Mailing Address) Idaho Falls
FATHER	6. Full Name of Father: Abiah Wadsworth			7. State or Country of Father's Birth: Council Bluffs Iowa
MOTHER	8. Full Maiden Name of Mother: Sarah Cornelia Robinson			9. State or Country of Mother's Birth: Mt. Green Weber Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Gerrard		11. Present Address of Registrant: R. R. #5 Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 12 day October 1962	12. Signature of Notary: Sterling W. Jensen		13. Notary Commission expires: 10-1 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, 17 years older	By whom issued and signed: Bert Wadsworth	Date Issued: Oct. 12, 1962	Date Orig. Entry: ----
	Date of Birth: May 30, 1899 / Birth Place: Taylorville, Ida.	Full Name of Mother: Sarah Cornelia Robinson	Name of Father: Abiah Wadsworth	
SUPPORTING RECORD 2.	Type of Document: statement regarding church records	By whom issued and signed: Irvin Landon, Ward Clerk	Date Issued: ---	Date Orig. Entry: blessed Aug. 6, 1899
	Date of Birth: May 30, 1899 / Birth Place: Taylor, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File #352574, Idaho	Date Issued: -----	Date Orig. Entry: child born Feb. 11, 1925
	Date of Birth: Age: 25 / Birth Place: Idaho Falls, Ida.	Full Name of Mother: --	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Shirley Miller	Oct. 17, 1962

FORM BH 56067

9-19-62

OCT 17 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name at birth

2. Date of birth (month, day, year)

3. Place of birth

4. City or town of registrant's birth

5. State or country of registrant's birth

6. Full name of father

7. Full maiden name of mother

8. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of registrant

10. Present address of registrant

11. Subscribed and sworn to before me on

12. Signature of notary

13. Notary Public or other officer

SUPPORTING RECORD 1.

Type of Document

By whom issued and signature

Date issued

Date orig. entry

Date of birth

Birth place

Full name of father

Name of mother

SUPPORTING RECORD 2.

Type of Document

By whom issued and signature

Date issued

Date orig. entry

Date of birth

Birth place

Full name of father

Name of mother

SUPPORTING RECORD 3.

Type of Document

By whom issued and signature

Date issued

Date orig. entry

Date of birth

Birth place

Full name of father

Name of mother

ADDITIONAL INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar

Subscribed and sworn to

Date filed

Oct. 17, 1962

FORM 4a REV.

331-201-016-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dep62-797

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Jane Clark		2. Date Of Birth (month) July (day) 1 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia b. City or Town of Birth: Oakley Idaho Cassia Co.
FATHER	6. Full Name of Father: Richard Clark		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Charlotte Elizabeth Lee		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie J Ray	11. Present Address of Registrant: Bruneau Ida Box 143
NOTARY (Seal)	Subscribed and sworn to before me on: October 29 1962	12. Signature of Notary: Sam O Kelly	13. Notary Commission expires: Jan 9, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother Age:76	By whom issued and signed: J. Frank Clark	Date Issued: Oct.19,1962	Date Orig. Entry: --
	Date of Birth: July 1,1899 / Birth Place: Oakley, Idaho	Full Name of Mother: Lottie Clark (Lee)	Name of Father: Richard Clark	
SUPPORTING RECORD 2.	Type of Document: certified copy of death certificate of husband	By whom issued and signed: File #1186, Nevada	Date Issued: Nov.14,1960	Date Orig. Entry: died Sept. 17, 1948
	Date of Birth: Age: 49 / Birth Place: --	Full Name of Mother: --	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Membership	By whom issued and signed: Archie Griffin, Mission Pres. LDS Church	Date Issued: --	Date Orig. Entry: baptized Nov. 25, 1952
	Date of Birth: July 1, 1899 / Birth Place: Oakley, Idaho	Full Name of Mother: Charlotte Elizabeth Lee	Name of Father: Richard Clark	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: October 31, 1962

FORM BH 56067 6-27-60

10-31-62

Pay

295-127-035-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-834

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otis Ormel King			2. Date Of Birth (month) (day) (year): December 27, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce County	b. City or Town of Birth: Lapwai, Idaho
FATHER	6. Full Name of Father: Justin Guy King			7. State or Country of Father's Birth: Holt County, Missouri
MOTHER	8. Full Maiden Name of Mother: Eva Elnora Beasley			9. State or Country of Mother's Birth: Unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otis Ormel King		11. Present Address of Registrant: Route #1 Farmington, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: September 26, 1962 19	12. Signature of Notary: Bruce A. Tarbert		13. Notary Commission expires: May 7, 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photo copy of page from Family Bible		By whom issued and signed: Bruce A. Tarbert, Notary Public	Date Issued: Sept. 27, 1962	Date Orig. Entry: obviously old
	Date of Birth: Dec.27,1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: affidavit by cousin, Age: 77		By whom issued and signed: Lee Beasley,	Date Issued: Sept. 27, 1962	Date Orig. Entry: --
	Date of Birth: Dec.27,1899	Birth Place: Lapwai, Idaho	Full Name of Mother: Eva King	Name of Father: Justin Guy King	
SUPPORTING RECORD 3.	Type of Document: statement regarding church record		By whom issued and signed: Mrs. Leah McClain, Clerk of Seventh Day Adventist Church	Date Issued: Nov.7,1962	Date Orig. Entry: June 1938
	Date of Birth: Dec.27,1899	Birth Place: Lapwai, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: November 19, 1962

FORM BH 56067 18210 5-31-62 10 21 62

NOV 19 1962

Otis Jerrel King

Dec. 27, 1922

Lamar, Iowa

Holt County, Missouri

Unknown

Clarence Beasley

September 26, 1961

May 7, 1962

249-101-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-942

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ben Smith		2. Date of Birth (month) 1 (day) 1 (year) 1899	
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: St. Anthony, Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of ~~Father~~ mother: Annie Matthews		7. State or Country of Father's Birth: Wales, England	
MOTHER	8. Full Maiden Name of ~~Mother~~ father: William Smith		9. State or Country of Mother's Birth: Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ben Smith	11. Present Address of Registrant: St.Anthony Rt # 2 Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 20 19 62	12. Signature of Notary: LaMonte Bauer, Clerk of District Court	13. Notary Commission expires: Jan 14 19 63	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: ----	Date Orig. Entry: Dec. 26, 1951
	Date of Birth: Jan.1.1899	Birth Place: St.Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: affidavit by brother; 20 years older	By whom issued and signed: Sam Smith	Date Issued: Dec. 20, 1962	Date Orig. Entry: ----
	Date of Birth: Jan.1,1899	Birth Place: St. Anthony, Idaho	Full Name of Mother: Annie Matthews Smith	Name of Father: William Smith
SUPPORTING RECORD 3.	Type of Document: statement regarding school census records	By whom issued and signed: LaMonte Bauer, Clerk	Date Issued: Feb.3, 1960	Date Orig. Entry: Septl 4, 1906
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: William Smith
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: December 27, 1962	

FORM BH 56067

Smith

DEC 27 1962

844-205-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-944

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL HUMPHERYS		2. Date of Birth (month) 12 (day) 5 (year) 1899	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: PARIS BEARLAKE	b. City or Town of Birth: PARIS IDAHO
FATHER	6. Full Name of Father: SAMUEL SUDBURY HUMPHERYS		7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: IDA MAY SMEDLEY		9. State or Country of Mother's Birth: DELAWARE	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Womack	11. Present Address of Registrant: SHELLEY IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1961	12. Signature of Notary: William H. Black	13. Notary Commission expires: 9/2 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother; age:81	By whom issued and signed: Charles Edward Humpherys	Date Issued: Mar.6,1961	Date Orig. Entry: ---
	Date of Birth: Dec.5,1899 / Birth Place: Paris, Idaho	Full Name of Mother: Ida May Smedley	Name of Father: Samuel Sudbury Humpherys	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File # 120151, Idaho	Date Issued: Feb.16,1962	Date Orig. Entry: child born Mar. 8, 1924
	Date of Birth: Age: 24 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Elna Marlow, Deputy Clerk	Date Issued: Dec. 21,1962	Date Orig. Entry: April 5, 1920
	Date of Birth: Age: 20 / Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jenson	Evidence reviewed by: sm Shirley Miller	Date Filed: December 27, 1962

FORM BH 56067

1 copy paid 1-20-61

DEC 27 1962

963-213-029-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isabelle Rothwell			2. Date of Birth (month) (day) (year): April 13, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: William Archibald Rothwell			7. State or Country of Father's Birth: Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Jessie McLeod			9. State or Country of Mother's Birth: Ontario, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Isabelle Emery		11. Present Address of Registrant: 8-5-13 AVE SPOKANE WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 6, 1962	12. Signature of Notary: A. D. Colburn		13. Notary Commission expires: Aug. 7, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of Certificate of Marriage	By whom issued and signed: Frank J. Glover, Auditor	Date Issued: Aug. 20, 1962	Date Orig. Entry: April 4, 1922
	Date of Birth: Age: 22 / Birth Place: Idaho	Full Name of Mother: Jessie McLeod	Name of Father: W. A. Rothwell	
SUPPORTING RECORD 2.	Type of Document: statement regarding school census records	By whom issued and signed: William C. Sorenson, Superintendent of Schools	Date Issued: Aug. 24, 1962	Date Orig. Entry: May 1, 1911
	Date of Birth: April 13, 1899 / Birth Place: —	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Census Record issued by the Bureau of the Census, Washington D.D. Issued Oct. 12, 1962 and census was taken June 1, 1900. Age at time of the census was 1 year old, place of birth given as Idaho and parents' names William A. and Jessie Rothwell.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Joyce B. Foltz	January 8, 1963

FORM BH 56067

FEB 23 1966

JAN 1 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF VITAL STATISTICS

State File No. 1965-016

1. Registrant (Person whose birth is being registered)	2. Name to be entered on record	3. Place of birth	4. City or Town of birth
5. Sex	6. Full name of father	7. State or Country of father's birth	
8. Race	9. Full maiden name of mother	10. State or Country of mother's birth	
11. I swear (affirm) upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me	12. Signature of registrant	13. Present address of registrant	
14. Notary Commission expires	15. Signature of notary		

AFFIDAVIT — SEE THE WRITE BELOW THIS LINE

AFFECTING RECORD 1	Type of document: Certified copy of Certificate of Marriage	By whom issued and signed: [illegible]	Date issued: April 1, 1962
	Date of birth: [illegible]	Place of birth: [illegible]	Date orig. entry: [illegible]
	Name of father: [illegible]	Full name of mother: [illegible]	
AFFECTING RECORD 2	Type of document: [illegible]	By whom issued and signed: [illegible]	Date issued: [illegible]
	Date of birth: [illegible]	Place of birth: [illegible]	Date orig. entry: May 1, 1921
	Name of father: [illegible]	Full name of mother: [illegible]	
AFFECTING RECORD 3	Type of document:	By whom issued and signed	Date issued / Date orig. entry
	Date of birth / Place of birth	Full name of mother	Name of father

REMARKS

[illegible] Oct. 12, 1962 [illegible] 1, 1900. [illegible] 1 year old, [illegible] of birth [illegible] and [illegible] 6, and [illegible].

CERTIFICATE OF REGISTRAR

I hereby certify that on prior file certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date signature	Evidence reviewed by	Date filed
W. W. Brown	Joyce B. Doty	January 6, 1965

FORM 3A 8010

785-103-038-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Timothy Guy Phelps			2. Date of Birth (month) (day) (year): September 3, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Falks Store
FATHER	6. Full Name of Father: Perrie Edwin Phelps			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Flora Louvisa Gowey			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19 ____	12. Signature of Notary		13. Notary Commission expires _____ 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth Certificate	By whom issued and signed: on file Idaho #De55-1083	Date Issued: -------	Date Orig. Entry: child born May 27, 1934
	Date of Birth: Age 34	Birth Place: Falks Store, Idaho Payette County	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Census record	By whom issued and signed: U. S. Dept. of Commerce Bureau of Census	Date Issued: December 5, 1962	Date Orig. Entry: Census of June 1, 1900
	Date of Birth: Sept. 1899	Birth Place: Idaho	Full Name of Mother: Flora Phelps	Name of Father: Perrie Phelps
SUPPORTING RECORD 3.	Type of Document: Family Record Book, Vol 3	By whom issued and signed: Norris McDonald Phelps	Date Issued: ----	Date Orig. Entry: Published 1942
	Date of Birth: September 3, 1899	Birth Place: Falk's Store Canyon Co, Idaho	Full Name of Mother: Flora Lovisa Gowey	Name of Father: Perry Edwin Phelps
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bm Betty Morris	Date Filed: January 22, 1963

FORM BH 56067

JAN 22 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1963-32

CHILD'S NAME	1. Principal given name at birth: Theodore Day Phelps		2. Date of birth: September 3, 1899
	3. Sex of child: White Male	4. Place of birth: Payette	5. County of birth: Payette County
FATHER	6. Full name of father: Perrie Edwin Phelps		7. State or country of father's birth: Kansas
MOTHER	8. Full maiden name of mother: Flora Louisa Gowey		9. State or country of mother's birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

REGISTRAR'S ACTION

Registrar's Action	Type of Document: Family Record Book, Vol 3	By whom issued and signed: Morris McDonald Phelps	Date issued: ----
	Date of birth: September 3, 1899	Place of birth: Payette County, Idaho	Full name of mother: Flora Phelps
	Date of marriage: Dec. 1890	Place of marriage: Canyon Co., Idaho	Name of father: Perrie Phelps

REGISTRAR'S CERTIFICATION

State Registrar: W. W. Benson	Evidence reviewed by: by Betty Morris	Date filed: January 22, 1963

299-120-022-195

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-105
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Willard Brizzee			2. Date Of Birth (month) (day) (year): September 20, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison (Freemont)	b. City or Town of Birth: Burton, Idaho
FATHER	6. Full Name of Father: Henry Willard Brizzee, Sr.			7. State or Country of Father's Birth: Utah county Toowilla
MOTHER	8. Full Maiden Name of Mother: Ruth Elizabeth Arnold			9. State or Country of Mother's Birth: Utah county Salt Lake
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry Willard Brizzee		11. Present Address of Registrant: Menan, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 21 1963	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 26 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: File No. 87647, Idaho	Date Issued: -----	Date Orig. Entry: child born Jan. 5, 1921
Class*	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt, 10 years older		By whom issued and signed: Mrs. Emma A. Smith	Date Issued: Jan. 6, 1963	Date Orig. Entry: ---
Class	Date of Birth: Sept. 20, 1899	Birth Place: Fremont, County Burton, Idaho	Full Name of Mother: Ruth Arnold	Name of Father: Henry Willard Brizzee	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptizm and Confirmation		By whom issued and signed: Conrad Walz, Bishop	Date Issued: ---- -	Date Orig. Entry: baptized Aug. 1, 1909
Class	Date of Birth: Sept. 20, 1899	Birth Place: Fremont County Burton, Idaho	Full Name of Mother: Ruth Arnold	Name of Father: Henry Brizzee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 11, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 11 1963

REGISTRANT

1. Registrant's full name at birth: Henry William Andrews

2. Date of birth (month) (day) (year): September 20, 1899

3. Color or race: White

4. Sex: Male

5. Place of birth: a. County: Bear Lake (Fremont); b. City or town of birth: Bancroft, Idaho

FATHER

6. Full name of father: Henry William Andrews, Sr.

7. State or Country of Father's Birth: Utah Country Tooele

MOTHER

8. Full Maiden Name of Mother: Sarah Elizabeth Arnold

9. State or Country of Mother's Birth: Utah Country Salt Lake

AFFIANT

10. Affiant declares upon oath that the statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]

12. Present Address of Registrant: Nampa, Idaho

NOTARY

Subscribed and sworn to before me on January 21, 1963

13. Signature of Notary: [illegible]

14. Notary Commission expires: January 26, 1966

SUPPORTING RECORD

APPLICANT - DO NOT WRITE BELOW THIS LINE

Type of document: Certificate of Birth, certificate

Date of Issue: ----

By whom issued and signature: File No. [illegible]

Date of Reg. Entry: Jan. [illegible], 1907

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: ----

Name of Father: ----

SUPPORTING RECORD

Type of Document: Affidavit, 30 years

Date of Issue: ----

By whom issued and signature: Mrs. Rose A. Smith

Date issued or reg. entry: Jan. 6, 1963

Class: ----

Date of Birth: [illegible]

Birth Place: Fremont County, Burton, Idaho

Full Name of Mother: Rose Arnold

Name of Father: Henry William Andrews

SUPPORTING RECORD

Type of Document: Record of Baptism and Confirmation

Date of Issue: ---

By whom issued and signature: Conrad Salz, Bishop

Date of Reg. Entry: Dec. [illegible], 1909

Class: ----

Date of Birth: [illegible]

Birth Place: Fremont County, Burton, Idaho

Full Name of Mother: Sarah Arnold

Name of Father: Henry Andrews

FILE INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar: [illegible]

Evidence reviewed by: Shirley Miller

Date filed: February 12, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

294-215-029-12

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-138
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Teresa Catherine KIMBEL			2. Date of Birth (month) May (day) 15 (year) 1899
	3. Color or Race: Wh	4. Sex: fml	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: John Kimbel			7. State or Country of Father's Birth: Ft. Recovery, Ohio
MOTHER	8. Full Maiden Name of Mother: Elizabeth Abels			9. State or Country of Mother's Birth: Pholethea, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Teresa Catherine Kimbel Kruger		11. Present Address of Registrant: 3350 South Cushman Tacoma, Washinton
NOTARY (Seal)	Subscribed and sworn to before me on: February 14th, 19 63	12. Signature of Notary: Joseph John Roller		13. Notary Commission Expires: April 1st, 19 65

Notary Public in and for the State of Washington residing at Tacoma.

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding application for insurance	By whom issued and signed: The Prudential Insurance Company of American	Date Issued: Feb. 20, 1956	Date Orig. Entry: Oct. 31, 1937
Class*	Date of Birth: May 15, 1899 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Bernard McBride, Pastor	Date Issued: Jan. 31, 1956	Date Orig. Entry: baptized May 21, 1899
Class	Date of Birth: May 15, 1899 / Birth Place: Genesee, Idaho	Full Name of Mother: Elizabeth Abels	Name of Father: John Kimbal	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of page from family Bible	By whom issued and signed: Joseph John Roller, Notary Public	Date Issued: Feb. 14, 1963	Date Orig. Entry: obviously old
Class	Date of Birth: May 15, 1899 / Birth Place: ----	Full Name of Mother: Elizabeth Kimbel	Name of Father: John Kimbel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 26, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 26 1969

REGISTRANT

1. Registrant's Full Name at Birth: Teresa Christine KIMBEL

2. Color or Race: Wh

3. Sex: Fmi

4. Place of Birth: Idaho

5. City or Town of Birth: Genesee, Idaho

6. Date of Birth: May 15 1899

FATHER

7. Full Name of Father: John Kimbel

8. State or Country of Father's Birth: Ft. Recovery, Ohio

MOTHER

9. Maiden Name of Mother: Elizabeth Abels

10. State or Country of Mother's Birth: Pholetiea, Ohio

AFFIDAVIT

I (we) swear (affirm) upon oath that the statements made herein are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]

12. Present Address of Registrant: 3350 South Cashmere, Spokane, Washington

NOTARY

Subscribed and sworn to before me on February 14th, 19 53

13. Signature of Notary: [illegible]

Notary Public in and for the State of Washington residing at Tacoma

My Commission Expires April 1st, 19 65

SUPPORTING RECORD 1

Type of Document: Statement regarding application for Federal Insurance

Date of Birth Birth Place: [illegible]

Full Name of Mother: Company of America

Date Issued: Feb. 20, 1950

Date Rec'd. Rec'd: Oct. 31, 1957

Name of Father: ---

SUPPORTING RECORD 2

Type of Document: Certificate of Baptism

Date of Birth Birth Place: May 15, 1899 Genesee, Idaho

By whom issued and signed: Bernard Hoffde, Pastor

Full Name of Mother: Elizabeth Abels

Date Issued: Jan. 21, 1900

Date Rec'd. Rec'd: [illegible]

Name of Father: John Kimbel

SUPPORTING RECORD 3

Type of Document: Certified photo copy of page from Family Bible

Date of Birth Birth Place: May 15, 1899

By whom issued and signed: Joseph John Miller, Notary Public

Date Issued: Feb. 1, 1957 obviously old

Full Name of Mother: Elizabeth Kimbel

Name of Father: John Kimbel

SEARCHING AND RECORDS

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, applicant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Signature: [illegible]

Evidence reviewed by: Shirley Miller

Date filed: February 26, 1957

Items 9 Records are those made and dated before the registrant's fourth birthday.

Items 9 Records are those made after the fourth birthday, but are at least 5 years old.

316-129-020-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-276
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Roscoe Lawson			2. Date of Birth (month) June (day) 29 (year) 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Rocky Bar
FATHER	6. Full Name of Father: Oliver R. Lawson			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary A. Tate			9. State or Country of Mother's Birth: Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Leonard Roscoe Lawson		11. Present Address of Registrant: Bruneau, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on September 12, 1960	12. Signature of Notary: Jera Hall		13. Notary Commission expires June 29 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Idaho State Mutual Life Insurance Company	Date Issued: -----	Date Orig. Entry: July 12, 1922
Class*	Date of Birth: June 29, 1899 / Birth Place: Elmore County Rocky Bar, Idaho	Full Name of Mother: Mary A. Lawson	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt; age-79	By whom issued and signed: Jennie Black	Date Issued: September 20, 1960	Date Orig. Entry
Class	Date of Birth: June 29, 1899 / Birth Place: Elmore County Rocky Bar, Idaho	Full Name of Mother: Mary A. Tate	Name of Father: Oliver R. Lawson	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge from U.S. Army	By whom issued and signed: W. A. Lewis, Ex-Officio Recorder	Date Issued: Feb. 13, 1923	Date Orig. Entry: inducted Oct. 21, 1918
Class	Date of Birth: Age: 19 / Birth Place: Rocky Bar, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 9, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 10-3-2?

Local Reg. No.

Reg. Dist. No.

APR 0 1960

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Leonard Roscoe Larson

2. Color or Race: White

3. Sex: M

4. Place of Birth: Rigby

5. County:

6. Date of Birth (Month, Day, Year): June 29, 1899

7. City or Town of Birth: Rocky Bar

FATHER

8. Full Name of Father: Oliver T. Larson

9. State or Country of Father's Birth: Missouri

MOTHER

10. Full Maiden Name of Mother: Mary A. Tate

11. State or Country of Mother's Birth: Georgia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant:

13. Present Address of Registrant: Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on

14. Signature of Notary:

15. Notary Commission expires: June 2? 19?2

SUPPORTING RECORD 1.

Type of Document: Photo copy of application for birth certificate

Date of Birth: June 29, 1899

Birth Place: Elmore County, Rocky Bar, Idaho

By whom Issued and signed: Sophia Stack, Clerk, Elmore County

Date Issued: ----

Date Orig. Entry: July 12, 1960

Class: ----

SUPPORTING RECORD 2.

Type of Document: Photocopy of Form L.S.

Date of Birth: June 29, 1899

Birth Place: Rocky Bar, Idaho

By whom Issued and signed: R. A. Lewis, Ex-Officio Recorder

Date Issued: September 20, 1960

Date Orig. Entry: Entered

Class: ----

SUPPORTING RECORD 3.

Type of Document: ----

Date of Birth: ----

Birth Place: ----

By whom Issued and signed: ----

Date Issued: ----

Date Orig. Entry: ----

Class: ----

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]

Evidence reviewed by: Shirley Miller

Date Filed: April 9, 1963

Class A Records are those made and dated prior to the registrant's fifth birthday.
Class B Records are those made after the fourth anniversary but not at least 5 years old.

613-114-028-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-63-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph H. Waller			2. Date of Birth (month) (day) (year): March 14, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Kootenai	b. City or Town of Birth: Hauser (Post Falls-mailing address
FATHER	6. Full Name of Father: James T. Waller			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Alice R. Wiggins			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Henry Waller		11. Present Address of Registrant: 3905 Gray Road Spokane Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1963	12. Signature of Notary: Arthur Kadl		13. Notary Commission expires: June 5 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: James T. Waller	Date Issued: January	Date Orig. Entry: 16, 1943
	Date of Birth: Mar.14,1899 / Birth Place: Kootenai County Post Falls, Idaho	Full Name of Mother: Alice R. Wiggins	Name of Father: James T. Waller	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Sunset Casualty Company	Date Issued: ----	Date Orig. Entry: April 16, 1941
	Date of Birth: Mar.14,1899 / Birth Place: Hauser, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: April	Date Orig. Entry: 20, 1942
	Date of Birth: Mar.14,1899 / Birth Place: Hauser, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller		Date Filed: May 8, 1963

FORM BH 56067

MAY 8 1963

867-205-022-443

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-353
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Elizabeth Hopf			2. Date Of Birth (month) 11 (day) 3 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: St. Anthony Fremont Idaho	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Cecil Herbert Hopf			7. State or Country of Father's Birth: New Jersey
MOTHER	8. Full Maiden Name of Mother: Agnes Ellen Duthie			9. State or Country of Mother's Birth: Toronto, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elizabeth G. Baker	11. Present Address of Registrant: 457 - 26th Ave., San Mateo, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on 8/5/61 19		12. Signature of Notary: Mary Klicka	13. Notary Commission expires: May 17th. 1965 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records; North Central High School		By whom issued and signed: J. M. Tewinkel, Principal	Date Issued: Feb. 18, 1955	Date Orig. Entry: Sept. 4, 1913
Class*	Date of Birth: Nov. 3, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding insurance application		By whom issued and signed: The Equitable Life Assurance Society	Date Issued: Mar. 1, 1955	Date Orig. Entry: June 17, 1932
Class	Date of Birth: Nov. 3, 1899	Birth Place: Idaho	Full Name of Mother: Agnes D. Hopf	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend at time of birth; born 1884		By whom issued and signed: Kate P. Skalet	Date Issued: May 1, 1963	Date Orig. Entry:
Class	Date of Birth: Nov. 3, 1899	Birth Place: Fremont County St. Anthony, Idaho	Full Name of Mother: Agnes Duthie Hopf	Name of Father: Cecil Herbert Hopf	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gm Shirley Miller	Date Filed: May 10, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 10 1966

Name of child: Jerry Elizabeth Hopf

Sex: F

Date of birth: 11 3 1900

Place of birth: Antimony, Fremont, Idaho

Father's name: Carl Hopf

Father's birthplace: Antimony, Idaho

Mother's name: Ruth Hopf

Mother's birthplace: New Jersey

Mother's maiden name: Ruth Hopf

Mother's birthplace: Toronto, Canada

Affidavit: I, Carl Hopf, being first duly sworn, on oath, state that the foregoing statements are true to the best of my knowledge and belief.

Signature of Affiant: Carl Hopf

Residence of Affiant: 527 - 26th Ave., San Mateo, Calif.

Notary Public (seal): Subscribed and sworn before me on May 12th, 1965

Signature of Notary: [illegible]

Notary Commission expires: [illegible]

Supporting Evidence: Affidavit by family friend

Type of document: Affidavit by family friend

Date issued: Feb. 18, 1965

Date orig. entry: Sept. 4, 1973

Name of Father: [illegible]

Date issued: May 1, 1963

Date orig. entry: [illegible]

Name of Father: Carl Hopf

Date filed: May 10, 1963

239-101-033-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-384

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lue William Klingler		2. Date of Birth (month) July (day) 1 (year) 1899	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Madison (formerly Fremont)	b. City or Town of Birth: Salem Precinct
FATHER	6. Full Name of Father: John Gottfried Klingler		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Anna Martha Kapp		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lue William Klingler	11. Present Address of Registrant: Newdale, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on November 7 19 62	12. Signature of Notary: Ray W. Rigby	13. Notary Commission expires: January 26 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage record	By whom issued and signed: Jacob Weeks, Deputy Clerk	Date Issued: May 9, 1963	Date Orig. Entry: April 3, 1918
	Date of Birth: Age: 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age: 77	By whom issued and signed: Rosie Klingler Dille	Date Issued: October 17, 1962	Date Orig. Entry:
	Date of Birth: July 1, 1899	Birth Place: Fremont County Salem Precint, Idaho	Full Name of Mother: Anna Martha Kapp	Name of Father: John Gottfried Klingler
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File No. 145081	Date Issued: ----	Date Orig. Entry: child born Mar. 7, 1925
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 22, 1963

FORM BH 56067

MAY 22 1963

Kipfer, Ely

847104-029-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-435

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Lloyd Hughes			2. Date of Birth (month) Dec (day) 4 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: William Hughes			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Betty Games			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Lloyd Hughes		11. Present Address of Registrant: 1009 9th Ave, Lewiston, Ida
NOTARY (Seal)	Subscribed and sworn to before me on Lewiston, Idaho May 25 1963	12. Signature of Notary: Frances D Griffin		13. Notary Commission expires: 2 23 1965 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for membership	By whom issued and signed: Internation Woodworkers of America	Date Issued: Feb. 4, 1954	Date Orig. Entry: Dec. 1950
	Date of Birth: Dec.4,1899	Birth Place: ~~None~~	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records, St. Joseph's Hospital	By whom issued and signed: Mae Jessee, Medical Records Office	Date Issued: June 8, 1963	Date Orig. Entry: June 28, 1956
	Date of Birth: Dec.4,1899	Birth Place: Moscow, Idaho	Full Name of Mother: Betty Games	Name of Father: William Hughes
SUPPORTING RECORD 3.	Type of Document: Statement regarding membership records	By whom issued and signed: George E. Justice, Secretary Aerie #631, F. O. E.	Date Issued: June 6, 1963	Date Orig. Entry: Feb. 11, 1944
	Date of Birth: Dec.4,1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: June 12, 1963

FORM BH 56067

JUN 12 1963

154-210-022-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jeanne Beatrice Anderson			2. Date of Birth (month) March (day) 10 (year) 1899
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Fremont (now Madison)	b. City or Town of Birth: Thornton
FATHER	6. Full Name of Father: Otto Ephraim Anderson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Loretta McCarthy			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jeanne Beatrice Anderson		11. Present Address of Registrant: Thornton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 19 63	12. Signature of Notary: Ray W. Sigby		13. Notary Commission expires: January 26 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of School Census Record	By whom issued and signed: Maxine Nave. County Clerk	Date Issued: June 26, 1963	Date Orig. Entry: Sept. 16, 1916
	Date of Birth: Age: 17	Birth Place: ------	Full Name of Mother: Loretta Anderson	Name of Father: Otto E. Anderson
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin, Age: 79	By whom issued and signed: D.M. Anderson	Date Issued: February 28, 1963	Date Orig. Entry:
	Date of Birth: Mar.10,1899	Birth Place: Fremont County Thornton, Idaho	Full Name of Mother: Sarah Loretta McCarthy	Name of Father: Otto Ephraim Anderson
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File #251320	Date Issued: June 24, 1963	Date Orig. Entry: child born Nov. 14, 1936
	Date of Birth: Age: 37	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: July 8, 1963

FORM BH 56067

JUL 8 1963

Rigby, Idaho.

769-211-003-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-486

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine Gordon			2. Date of Birth (month) (day) (year): October 11, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Peter Gordon, Jr.			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Lillian Robinson			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine Gordon Driggs		11. Present Address of Registrant: 50.6 Bapar S.F. Petaluma Calif
NOTARY (Seal)	Subscribed and sworn to before me on: July 3, 1963	12. Signature of Notary: Dorothy A. Nesbitt NOTARY PUBLIC IN AND FOR THE COUNTY OF SONOMA STATE OF CALIFORNIA (Dorothy A. Nesbitt)		13. Notary Commission expires: December 18, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Certificate of Baptism	By whom issued and signed: St. James' Church, Wyoming	Date Issued: ----	Date Orig. Entry: baptized Sept. 12, 1914
	Date of Birth: Oct.11,1899	Birth Place: Pocatello, Idaho	Full Name of Mother: Lillian Gordon	Name of Father: Peter Gordon, Jr.
SUPPORTING RECORD 2.	Type of Document: Notarized photo copy from page in Family Bible	By whom issued and signed: Maude W. Nash, Notary Public	Date Issued: Mar.11,1959	Date Orig. Entry: obviously old
	Date of Birth: Oct.11,1911	Birth Place: Pocatello, Ida.	Full Name of Mother: Lillian Gordon	Name of Father: Peter Gordon, Jr.
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt; 22 years older	By whom issued and signed: Josephine Saunders	Date Issued: June	Date Orig. Entry: 28, 1963
	Date of Birth: Oct.11,1899	Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Lillian Robinson	Name of Father: Peter Gordon
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: July 9, 1963

FORM BH 56067

JUL 9 1963

236-224-006-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-583

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Lillian Blomquist			2. Date Of Birth (month) (day) (year): November 24, 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: John Louis Blomquist			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Kristina Strand Blomquist			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice B. Robbins		11. Present Address of Registrant: 945 So University Ave Blackfoot Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 11, 1963	12. Signature of Notary: Seth Butler		13. Notary Commission expires: 2-15-1965

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister born 1883	By whom issued and signed: Mrs. Klara Louise Carlson	Date Issued: Aug. 24, 1959	Date Orig. Entry: ----
	Date of Birth: Nov. 24, 1899 / Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Kristine Blomquist	Name of Father: John L. Blomquist	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: August 24, 1939
	Date of Birth: Nov. 24, 1899 / Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Kristine Strand Blomquist	Name of Father: Lohn Louis Blomquist	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #192020	Date Issued: ----	Date Orig. Entry: child born June 5, 1931
	Date of Birth: Age: 31	Birth Place: Shelley, Idaho	Full Name of Mother: Kristina Strand Blomquist	Name of Father: John Louis Blomquist
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Shirley Miller	Date Filed: August 20, 1963

FORM BH 56067

SEP 16 1963

595413-016-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-707

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adonis Haight Nielson			2. Date Of Birth (month) Dec. (day) 13, (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Axel F. O. Nielson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Louisa Haight			9. State or Country of Mother's Birth: Farmington, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adonis Haight Nielson		11. Present Address of Registrant: 1918 Overland Avenue
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 2nd 1963	12. Signature of Notary: Norman H. Nielson		13. Notary Commission expires: May 20 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 226122	Date Issued: ----	Date Orig. Entry: child born Oct. 6, 1934
	Date of Birth: Age: 34	Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certified photo copy of church record	By whom issued and signed: Jay D. Schofield, Bishop	Date Issued: Oct. 2, 1963	Date Orig. Entry: baptized July 11, 1908
	Date of Birth: Dec. 13, 1899	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Louisa Haight	Name of Father: Axel F. O. Nielson
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, Age: 82	By whom issued and signed: Alice M. Peterson	Date Issued: September 26, 1963	Date Orig. Entry:
	Date of Birth: Dec. 13, 1899	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Louisa Haight	Name of Father: Axel F. O. Nielson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: October 7, 1963

FORM BH 56067

Nelson & Nelson, Attys

OCT 11 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF UTAH

1. Name of child (first, middle, last) Adonia Elaine Nielson	2. Place of birth (county) Oakley	3. Date of birth (month, day, year) Dec. 13, 1899
4. Date of birth (month, day, year) White Male	5. Place of birth (city or town) Oakley	
FATHER 6. Full name of father Axel T. O. Nielson	7. State or country of father's birth Denmark	
MOTHER 8. Full maiden name of mother Louisa Haight	9. State or country of mother's birth Farmington, Utah	
10. Signature of informant	11. Present address of informant 918 Overland Avenue	
12. Signature of registrar	13. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

14. Name of informant	15. Date signed and sworn to	16. Date filed, Birth child born
17. Place of birth Oakley, Idaho	18. Full name of mother Louisa Haight	19. Name of father Axel T. O. Nielson
20. Date of birth (month, day, year) Dec. 13, 1899	21. Place of birth (city or town) Oakley, Idaho	
22. Date of marriage Dec. 12, 1899	23. Place of marriage Oakley, Idaho	
24. Date issued Oct. 1963	25. Place issued and signed Alva D. Sanderson, Director	26. Date filed, Birth child born
27. Date of birth (month, day, year) White Male	28. Full name of mother Louisa Haight	29. Name of father Axel T. O. Nielson
30. Date issued Oct. 1963	31. Place issued and signed Allen E. Sorenson	32. Date filed, Birth child born
33. Date of birth (month, day, year) Dec. 13, 1899	34. Full name of mother Louisa Haight	35. Name of father Axel T. O. Nielson

36. Signature of registrar

37. I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this individual and that documentary evidence has been reviewed, which substantiates the facts as set forth in the application.

Date filed October 7, 1963	Filing is reviewed by Shirley M. Iler	

236-114-040-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Caleb Smith Stone Jr			2. Date of Birth (month) July (day) 14 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: Caleb Smith Stone			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Ewin			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Caleb Smith Stone		11. Present Address of Registrant: 951 Federal E. Seattle Wn.
NOTARY (Seal)	Subscribed and sworn to before me on October 8 19 63	12. Signature of Notary: Lawrence W. Benedict		13. Notary Commission expires August 26 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance	By whom issued and signed: General American Life Insurance Company	Date Issued: November 1, 1939	Date Orig. Entry
	Date of Birth: July 14, 1899 / Birth Place: Wallace, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Notarized photo copy of app. for employment	By whom issued and signed: Gordon H. Stavig, Notary Public	Date Issued: ----	Date Orig. Entry: Jan. 7, 1955
	Date of Birth: July 14, 1899 / Birth Place: Wallace, Idaho	Full Name of Mother: Mary Ewin	Name of Father: Caleb S. Stone	
SUPPORTING RECORD 3.	Type of Document: Photo copy of Military Record & Report of Separation	By whom issued and signed: Paul F. Wold, 1st Lt. MAC U. S. Army	Date Issued: July 26, 1946	Date Orig. Entry: entered Sept. 1, 1942
	Date of Birth: July 14, 1899 / Birth Place: Wallace, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: October 11, 1963

FORM BH 56067

OCT 11 1963

DELAYED

Document 999-209753

269-13-037-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-764

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joe Henry Swisher			2. Date of Birth (month) (day) (year): Aug 13, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Owyhee County, Idaho	b. City or Town of Birth: Delamar Precinct
FATHER	6. Full Name of Father: Frances Marion Swisher			7. State or Country of Father's Birth: Indiana, U. S. A.
MOTHER	8. Full Maiden Name of Mother: Mary Joyce			9. State or Country of Mother's Birth: Iowa, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Henry Swisher		11. Present Address of Registrant: Jordan Valley, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1963	12. Signature of Notary: Gabriel Elordi		13. Notary Commission expires: Sept 12 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #229729	Date Issued: ----	Date Orig. Entry: Child born Feb. 9, 1935
	Date of Birth: Age 35	Birth Place: Owyhee County, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother, Age 78	By whom issued and signed: Frank M. Swisher, Jr.	Date Issued: ----	Date Orig. Entry: October 26, 1963
	Date of Birth: August 13, 1899	Birth Place: Delamar Precinct Owyhee Co., Idaho	Full Name of Mother: Mary Joyce	Name of Father: Frank M. Swisher, Sr.
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce, Bureau of the Census, Washington 25, D.C.	Date Issued: April 29, 1963	Date Orig. Entry: June 1, 1900
	Date of Birth: August 1899	Birth Place: Delamar Precinct Owyhee Co., Idaho	Full Name of ~~Mother~~ Father: Frank M. Swisher	Name of ~~Father~~ Mother: Joyce L. Swisher
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Morris	Date Filed: October 28, 1963

FORM BH 56067

OCT 29 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child at birth Joyce Lorrey Switzer			2. Sex of child Male
3. Date of birth Aug 13, 1959	4. Place of birth Delamar Precinct		5. City Delamar
6. County of birth Owyhee County, Idaho		7. Name of father Frank M. Switzer, Jr.	
8. Place of residence of father Owyhee Division Station		9. Maiden name of mother Mary Joyce	
10. Place of residence of mother Boise, Idaho		11. Place of birth of father Indiana, U. S. A.	
12. Place of birth of mother Iowa, U. S. A.		13. Present address of applicant Boise, Idaho	
14. Present address of applicant Boise, Idaho		15. Relationship of applicant Mother	
16. Date of birth as shown on birth certificate Feb. 9, 1955		17. Place of birth as shown on birth certificate Owyhee County, Idaho	
18. Name of father as shown on birth certificate Frank M. Switzer, Jr.		19. Maiden name of mother as shown on birth certificate Mary Joyce	
20. Name of child as shown on birth certificate Joyce L. Switzer		21. Date of birth as shown on birth certificate Feb. 9, 1955	

22. Affidavit by brother, age 17
Delamar Precinct
Owyhee Co., Idaho
August 12, 1959

23. Frank M. Switzer, Jr.
Frank M. Switzer, Sr.
Mary Joyce
Joyce L. Switzer

24. Census Record
Delamar Precinct
Owyhee Co., Idaho
August 1959

25. U. S. Dept. of Commerce, Bureau of the Census, Washington 25, D.C. April 29, 1963
Frank M. Switzer
Joyce L. Switzer

26. One child's birth certificate on file Idaho. File #72729
Owyhee County, Idaho
Age 35

27. Child born Feb. 9, 1955

28. I hereby certify that no prior birth certificate has been issued in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

W. M. Benson

Statistician

Date filed
October 28, 1963

Statistics reviewed by
Betty Morris

351-211-016-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-782

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Welcome Leavitt			2. Date of Birth (month) January (day) 11 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER Nathaniel	6. Full Name of Father: Nathaniel Leavitt			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Minerva Ann Pierson			9. State or Country of Mother's Birth: Willard, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez W. Hazlett		11. Present Address of Registrant: 3130 Lincoln Ave. San Diego
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 1963	12. Signature of Notary: L L Barker		13. Notary Commission expires: October 7 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Aug.29,1963	Date Orig. Entry: June 1, 1900
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Minerva A. Leavitt	Name of Father: Nathaial Leavitt
SUPPORTING RECORD 2.	Type of Document: Certified photo copy of page from Family Bible	By whom issued and signed: Merrill Southworth, Clerk	Date Issued: Aug.26,1963	Date Orig. Entry: obviously old
	Date of Birth: Jan.11,1899	Birth Place: Albion, Idaho	Full Name of Mother: Minerva Persons	Name of Father: Nathaniel Leavitt
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Puerto Rico Reg. # 815	Date Issued: June 7, 1932	Date Orig. Entry: child born May 17, 1932
	Date of Birth: Age: 33	Birth Place: Albion, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: November 6, 1963

FORM BH 56067

1 C.C. paid - Rec 8932

NOV 6 1963

566-112.006-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-809

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Foy Nowlin		2. Date of Birth (month) July (day) 12 (year) 1899	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Thomas Warren Nowlin		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Ellen Davies		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Foy Nowlin	11. Present Address of Registrant: Clareshome, Alberta	
NOTARY (Seal)	Subscribed and sworn to before me on: October 12th 1963	12. Signature of Notary: Yale Goodman	13. Notary Commission expires: _____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle; age: 80	By whom issued and signed: George Washington Nowlin	Date Issued: October 21, 1963	Date Orig. Entry
	Date of Birth: July 12, 1899	Birth Place: Bonneville County Idaho Falls, Idaho	Full Name of Mother: Maetha Ellen Davies	Name of Father: Thomas Warren Nowlin
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license; Reg. # 26-08-401619	By whom issued and signed: Edmonton Department of Health	Date Issued: Oct.24,1963	Date Orig. Entry: June 8, 1962
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: The Farmers Disabilty Policy of the Continental Casuality Co.	Date Issued: June 10, 1941	Date Orig. Entry
	Date of Birth: July 12, 1899	Birth Place: UsaS. A.	Full Name of Mother: ------	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: November 13, 1963

FORM BH 56067

NOV 13 1963

434-207-008-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-830

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ila Dove McDougal			2. Date of Birth (month) December (day) 7, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise now Valley	b. City or Town of Birth: Van Wyck, Idaho
FATHER	6. Full Name of Father: Basil Holland McDougal			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Laura Eva Coonrod			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ila Dove McDougal Eggers		11. Present Address of Registrant: Emmett, Rt. 1, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on Boise, Idaho Nov. 21 1963	12. Signature of Notary: Nina R. Carroll		13. Notary Commission expires 4-5 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: December 7, 1899 / Birth Place: ----	Full Name of Mother: Laura E. McDougal	Name of Father: Basil H. McDougal	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #273213	Date Issued: -----	Date Orig. Entry: Child born Oct. 14, 1938
	Date of Birth: Age 38 / Birth Place: Van Wyck, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt-Age 74	By whom issued and signed: Lesta Coonrod	Date Issued: Nov 21 1963	Date Orig. Entry: ----
	Date of Birth: Dec. 7 1899 / Birth Place: VanWyck, Idaho	Full Name of Mother: Laura E. McDougal	Name of Father: Basil H. McDougal	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bm Joyce B. Foltz	Date Filed: Nov 21, 1963

FORM BH 56067

NOV 21 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Child's full name at birth: Ida Dove McDougal		2. Sex: Female	3. Date of birth: December 2, 1899
4. Place of birth: Boise now Valley		5. City or town of birth: Van Wyck, Idaho	
6. Father: Basil Holland McDougal		7. State or Country of Father's Birth: Virginia	
8. Mother: Laura Eva Conrod		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present address of Registrant
NOTARY	13. Subscribed and sworn to before me on ____ 19__	14. Signature of Notary	15. Notary Commission expires ____ 19__

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING EVIDENCE 1.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date of Entry: Obviously old
	Date of Birth: December 1, 1899	Full name of Mother: Laura E. McDougal	Name of Father: Basil H. McDougal	
SUPPORTING EVIDENCE 2.	Type of Document: Dwg child's birth certificate on file Idaho, file #212313	By whom issued and signed: -----	Date Issued: -----	Date of Entry: Oct. 14, 1963
	Date of Birth: Age 38	Full name of Mother: -----	Name of Father: -----	
SUPPORTING EVIDENCE 3.	Type of Document: Affidavit by Aunt-Age 74	By whom issued and signed: Laura Conrod	Date Issued: Nov 1963	Date Entry: ----
	Date of Birth: Dec. 1899	Birth place: Vanwyck, Idaho	Full name of Mother: Laura E. McDougal	Full name of Father: Basil H. McDougal
DUPLICATE INFORMATION				

REGISTRAR'S CERTIFICATION (Name)

I hereby certify that no prior birth certificate has been found in the division of vital statistics for the registrant and that sufficient evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.

Registrar: W. W. Benson	Evidence reviewed by: Jm Joyce B. Foltz	Date filed: Nov 21, 1963

662-130-022-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-860

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Henry Foster			2. Date of Birth (month) (day) (year): January 30, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: Bates
FATHER	6. Full Name of Father: Stephen Foster			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Louisa Fenton			9. State or Country of Mother's Birth: Utah, Pleasant Grove
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George H. Foster		11. Present Address of Registrant: Driggs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 9, 1963	12. Signature of Notary: Dwight M. Goodell		13. Notary Commission expires: June 20, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: John J. Miller	Date Issued: March 14, 1963	Date Orig. Entry:
	Date of Birth: Jan.30,1899	Birth Place: Fremont County Bates, Idaho	Full Name of Mother: Louisa Fenton Foster Bates	Name of Father: Stephen Foster
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L.D.S. Church Record, Salt Lake City, Utah	Date Issued: ---	Date Orig. Entry: baptized Feb. 23, 1907
	Date of Birth: Jan.30,1899	Birth Place: Fremont County Bates, Idaho	Full Name of Mother: Louise Fenton	Name of Father: Stephen George Foster
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 89789	Date Issued: -----	Date Orig. Entry: child born Feb. 18, 1921
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: December 10,1963

FORM BH 56067

DEC 17 1963

294-211-025-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Anna Simpson			2. Date Of Birth (month) (day) (year): april 11 1899
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho, Westlake	b. City or Town of Birth: Westlake County
FATHER	6. Full Name of Father: Alfred Reason Simpson			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Leah Friedly			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys A Cochran		11. Present Address of Registrant: 2121 - Road 44 Pasco, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 1964	12. Signature of Notary: Rebecca I Whitefield		13. Notary Commission expires: March 29 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Oct. 11, 1951	Date Orig. Entry: June 1, 1900
	Date of Birth: Age: 1 / Birth Place: Idaho	Full Name of Mother: Anna L. Simpson	Name of Father: Alfred R. Simpson	
SUPPORTING RECORD 2.	Type of Document: Age: 84 Affidavit by Half-brother	By whom issued and signed: Olney A. Simpson	Date Issued: December 31, 1963	Date Orig. Entry:
	Date of Birth: April 11, 1899 / Birth Place: -----	Full Name of Mother: Anna Leah Friedly	Name of Father: Alfred R. Simpson	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for insurance	By whom issued and signed: United Benefit Life Insurance Company	Date Issued: August 9, 1938	Date Orig. Entry:
	Date of Birth: April 11, 1899 / Birth Place: Westlake County, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Shirley Miller	Date Filed: January 8, 1964

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 8 1964

Coleman

1. NAME OF PERSON FOR WHOM THIS RECORD IS MADE
2. DATE OF BIRTH (Month, Day, Year)
3. SEX
4. PLACE OF BIRTH (County)
5. CITY OR TOWN OF BIRTH
6. FATHER'S FULL NAME
7. DATE (Month, Day, Year) OF FATHER'S BIRTH
8. STATE OR COUNTRY OF FATHER'S BIRTH
9. MOTHER'S FULL NAME
10. STATE OR COUNTRY OF MOTHER'S BIRTH

AFFIDAVIT

I, ____, being duly sworn, do hereby swear that the statements above are true to the best of my knowledge and belief.

11. PRESENT ADDRESS OF DEPONENT
12. SIGNATURE OF DEPONENT

NOTARY SEAL

Subscribed and sworn to before me this ____ day of ____, 19__

13. SIGNATURE OF NOTARY
14. NOTARY COMMISSION EXPIRES

SUPPORTING RECORD A

15. TYPE OF DOCUMENT
16. WHO ISSUED DOCUMENT
17. DATE ISSUED
18. DATE ORIG. ENTRY

SUPPORTING RECORD B

19. TYPE OF DOCUMENT
20. WHO ISSUED DOCUMENT
21. DATE ISSUED
22. DATE ORIG. ENTRY

SUPPORTING RECORD C

23. TYPE OF DOCUMENT
24. WHO ISSUED DOCUMENT
25. DATE ISSUED
26. DATE OF ENTRY

MAIL LETTER CERTIFICATE TO

STATEMENT OF DELAYED REGISTRATION

I hereby certify that the above certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

(Seal)

Date of Delayed Registration

Evidence reviewed by

Date filed

Registrar

Form 40-0001

855-115-022-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Harlow Hendricks			2. Date of Birth (month) October (day) 15, (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: John Henery Hendricks			7. State or Country of Father's Birth: Richmond, Utah
MOTHER	8. Full Maiden Name of Mother: Clara Wahlen			9. State or Country of Mother's Birth: Bern, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Harlow Hendricks		11. Present Address of Registrant: Blackfoot Ida 290 Collins
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1964	12. Signature of Notary: Orson Packham		13. Notary Commission expires: January 30 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo copy of Personnel Security Questionnare	By whom issued and signed: S.H. Rigby, Notary Public	Date Issued: Jan.15,1964	Date Orig. Entry: Sept. 25, 1954
	Date of Birth: Oct.15,1899 / Birth Place: Madison County Rexburg	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: L.D.S. Church Record	By whom issued and signed: Noel A. Benson, Ward Clerk	Date Issued: Jan.17,1964	Date Orig. Entry: blessed Dec. 3, 1899
	Date of Birth: Oct.15,1899 / Birth Place: Rexburg, Idaho	Full Name of Mother: Clara Wahlen	Name of Father: John Henery Hendricks	
SUPPORTING RECORD 3.	Type of Document: Honorable Disbharge from U.S. Army	By whom issued and signed: Guy H, Preston, Colonel	Date Issued: Sept. 8, 1919	Date Orig. Entry: inducted Feb. 23,1918
	Date of Birth: Age: 18 / Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	January 23,1964

FORM BH 56067

MAR 24 1964

415-109-021-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard E Davis			2. Date of Birth (month) March (day) 9, (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Mapleton
FATHER	6. Full Name of Father: David Davis			7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Mary Lewinia Gregory			9. State or Country of Mother's Birth: U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard E Davis		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Febr. 7th 1964	12. Signature of Notary: Mulbrek E. Lindenschmidt		13. Notary Commission expires: Nov 4 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Membership ; LDS Church	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date Issued: May 20,1963	Date Orig. Entry: blessed Aug. 20, 1899
	Date of Birth: Mar.9,1899	Birth Place: Mapleton, Idaho	Full Name of Mother: Mary Gregory	Name of Father: David Davis
SUPPORTING RECORD 2.	Type of Document: Application for life insurance	By whom issued and signed: Gem State Mutual Life Insurance Company	Date Issued: November 22, 1943	Date Orig. Entry:
	Date of Birth: Mar.9,1899	Birth Place: Mapelton, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Bankers Life and Casuality Company	Date Issued: February 12, 1957	Date Orig. Entry:
	Date of Birth: Mar. 9,1899	Birth Place: ----	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	February 25, 1964

FORM BH 56067

2-11-64

FEB 25 19

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date of birth: March 21, 1900

Sex

Place of birth

Name at birth

State or Country of Father's Birth

State or Country of Mother's Birth

Present Address of Registrant

Notary Commission expires

Date issued

Date filed

Name of Father

Name of Mother

Date issued

Date filed

Date of birth

Name of Father

Name of Mother

Date issued

Date filed

Date of birth

Name of Father

Name of Mother

Date issued

Date filed

Date filed

747427-004-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-186

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Griffeth Clyde Pugmire		2. Date of Birth (month) April (day) 27 (year) 1899	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho b. City or Town of Birth: Fishhaven	
FATHER	6. Full Name of Father: Justin Pugmire		7. State or Country of Father's Birth: Fillmore, Utah	
MOTHER	8. Full Maiden Name of Mother: Hannah Elizabeth Winterbottom		9. State or Country of Mother's Birth: Manchester, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: G. Clyde Pugmire	11. Present Address of Registrant: 35 So Holden, Midvale, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on 2-17-64 19	12. Signature of Notary: [illegible] G. Clyde Pugmire	13. Notary Commission expires 5-7-65 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge from U.S. Army	By whom issued and signed: H.C. Smith, Major A.G.D.	Date Issued: Sept. 3, 1919	Date Orig. Entry: enlisted Nov. 13, 1917
	Date of Birth: Age: 18	Birth Place: Fish Haven, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Northern Life Insurance Co.	Date Issued: July 21, 1942	Date Orig. Entry:
	Date of Birth: April 27, 1899	Birth Place: Fish Haven, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to the office of Deacon	By whom issued and signed: J. W. E. Stock, Bishop	Date Issued: ----	Date Orig. Entry: ordained Nov. 20, 1911
	Date of Birth: April 27, 1899	Birth Place: Bear Lake County Fish Haven, Idaho	Full Name of Mother: Hannah Winterbottom	Name of Father: Justin Pugmire
QUALIFYING INFORMATION	Certified copy of own child's birth certificate issued by Wyoming State File # 1927 on June 5, 1945. Child born Dec. 10, 1927. Age given at that time as 28 and place of birth as Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 13, 1964	

FORM BH 56067

Fugmuel

MAR 16 1964

415-216-004-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-233

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Madgelean Mani			2. Date Of Birth (month) Aug (day) 16 (year) 1899
	3. Color or Race: caucasian	4. Sex: Female	5. Place of Birth a. County: Dingle Idaho Bear Lake	b. City or Town of Birth: Dingle
FATHER	6. Full Name of Father: Jacob Mani			7. State or Country of Father's Birth: Balzenberg Switzerland
MOTHER	8. Full Maiden Name of Mother: Emma Teuscher			9. State or Country of Mother's Birth: Erlenbach Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Hirsch		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1962	12. Signature of Notary: Thelma E. Grace		13. Notary Commission expires: November 9 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Emma Mani	Date Issued: November 8, 1962	Date Orig. Entry
	Date of Birth: Aug.16,1899 / Birth Place: Dingle, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church record	By whom issued and signed: J.V. Dunn, Ward Clerk	Date Issued: Aug.7,1935	Date Orig. Entry: 1910
	Date of Birth: Aug.16,1899 / Birth Place: ---	Full Name of Mother: Emaline Teuscher Mani	Name of Father: Jacob Mani	
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy of family record	By whom issued and signed: Evelyn C. Campos, Notary Public	Date Issued: Sept.16,1963	Date Orig. Entry: obviously old
	Date of Birth: Aug.16,1899 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 1, 1964

FORM BH 56067

APR 1 1964

419-120-006-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-342

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOWARD GEORGE MARSHALL			2. Date of Birth (month) MARCH (day) 20 (year) 1899
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BLACKFOOT, IDAHO Bingham	b. City or Town of Birth: BLACKFOOT
FATHER	6. Full Name of Father: MILTON ARTHUR MARSHALL			7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: JULIA ANN DOWNING			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard George Marshall		11. Present Address of Registrant: 1408 29TH STREET LEWISTON, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1964	12. Signature of Notary: Ralph H. Naser		13. Notary Commission expires: FEBRUARY 1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy #2,653,069	By whom issued and signed: Equitable Life Assurance Society of the United States	Date Issued: August 9, 1920	Date Orig. Entry: July 28, 1920
	Date of Birth: March 20, 1899	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Notarized copy of page from family Bible	By whom issued and signed: Ralph H. Naser, Notary Public	Date Issued: May 1, 1964	Date Orig. Entry: Obviously old
	Date of Birth: March 20, 1899	Birth Place: ----	Full Name of Mother: Julia Ann Downing	Name of Father: Milton Arthur Marshall
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #125994	Date Issued: ---	Date Orig. Entry: Child born Sept. 17, 1924
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: May 7, 1964

FORM BH 56067

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Marshall

MAY 7 1969

395 713-206-025-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 64-395

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Girtha Patrick			2. Date Of Birth (month) (day) (year): November 6, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Kooskie
FATHER	6. Full Name of Father: Ira David Patrick			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Frances Kiper			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Girtha Zeuda		11. Present Address of Registrant: 7220 SE 85 Portland Oreg.
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1964	12. Signature of Notary: Margaret Wolfgam		13. Notary Commission expires: My Commission expires Sept. 1, 1964.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Obviously Old
	Date of Birth: November 6, 1899	Birth Place: Kooskie, Idaho	Full Name of Mother: Fannie Kiper	Name of Father: Ira D. Patrick
SUPPORTING RECORD 2.	Type of Document: Record from Bureau of Census	By whom issued and signed: Richard M. Scammon Director	Date Issued: Dec 12, 1963	Date Orig. Entry: Census April 1910 15
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Mary Frances Kiper	Name of Father: Ira Patrick
SUPPORTING RECORD 3.	Type of Document: Marriage license application (copy)	By whom issued and signed: County of Multnomah, Oregon T. Phillips, Deputy, Clerk	Date Issued: Sept 26, 1963	Date Orig. Entry: married Feb. 25, 1946
	Date of Birth: Nov 6 1899	Birth Place: Kooskia, Idaho	Full Name of Mother: ----------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bm Florence Curtright	Date Filed: May 29, 1964

FORM BH 56067

MAY 29 1964

251-212-020-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Carrie Bean			2. Date Of Birth (month) April (day) 12 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho / Elmore	b. City or Town of Birth: Glenns Ferry
FATHER	6. Full Name of Father: Wm S. Bean			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Katie Virginia Mullany			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs W C Ames		11. Present Address of Registrant: 7025 Fauvett Ave #41
NOTARY (Seal)	Subscribed and sworn to before me on 18 July 1964	12. Signature of Notary: [illegible]		13. Notary Commission expires 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage certificate #12416		By whom issued and signed: Clark County, Washington	Date Issued: April 10, 1964	Date Orig. Entry: April 27, 1918
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: William S. Bean	Name of Father: Katie Mullany	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Vital Statistics, Multnomah County, Oregon	Date Issued: June 19, 1964	Date Orig. Entry: child born June 9, 1919
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photopopy of page from family Bible		By whom issued and signed: Multnomah County, Oregon on file County Clerks Office	Date Issued: Jan. 6, 1964	Date Orig. Entry: obviously old
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 27, 1964

FORM BH 56067

JUL 27 1964

Bauer

844165-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Humpherys			2. Date of Birth (month) December (day) 5 (year) 1899
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris Idaho
FATHER	6. Full Name of Father: Samuel Sudbury Humpherys			7. State or Country of Father's Birth: Paris, Bear Lake, Idaho.
MOTHER	8. Full Maiden Name of Mother: Ida May Smedley			9. State or Country of Mother's Birth: Terpsic, Kent County, Deleware.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Humpherys		11. Present Address of Registrant: Firth, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 12 1964	12. Signature of Notary: James E. Lyon		13. Notary Commission expires: 2-4 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 84	By whom issued and signed: Charles Edward Humpherys	Date Issued: Aug. 4, 1964	Date Orig. Entry: ----
	Date of Birth: Dec. 5, 1899 / Birth Place: Paris, Idaho	Full Name of Mother: Ida May Smedley	Name of Father: Samuel S. Humpherys	
SUPPORTING RECORD 2.	Type of Document: Military Discharge	By whom issued and signed: The United States Army	Date Issued: March 23, 1919	Date Orig. Entry: Mar. 11, 1918
	Date of Birth: Age:18 / Birth Place: Paris, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #405110	Date Issued: ----	Date Orig. Entry: child born March 29, 1945
	Date of Birth: Age:45 / Birth Place: Paris, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: Sept. 10, 1964

FORM BH 56067

6-12-64

SEP 11 1984

Humphreys

513-104-004-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-629

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Wilford Vaterlaus		2. Date of Birth (month) April (day) 4 (year) 1899	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Christoff Vaterlaus		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Theresia Renner		9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Wilford Vaterlaus	11. Present Address of Registrant: 858 Grant, Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1964	12. Signature of Notary: Eugene Shepherd	13. Notary Commission expires: Oct 9th 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #179340	Date Issued: ----	Date Orig. Entry: child born Mar. 25, 1930
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Record of Blessing	By whom issued and signed: Gene H. Passey, Ward Clerk LDS Church	Date Issued: ----	Date Orig. Entry: blessed June 4, 1899
	Date of Birth: April 4, 1899	Birth Place: Paris, Bear Lake County, Idaho	Full Name of Mother: Theresia Renner	Name of Father: Christoff Vaterlaus
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #25-169-540	By whom issued and signed: New York Life Insurance Co.	Date Issued: Aug. 2, 1954	Date Orig. Entry: July 23, 1954
	Date of Birth: April 4, 1899	Birth Place: Paris, Idaho USA	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 15, 1964

FORM BH 56067

SEP 16 1964

397-123-007-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wallace Douglas Lightfoot		2. Date of Birth (month) June (day) 23, (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Soldier, Idaho
FATHER	6. Full Name of Father: John Lightfoot		7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Jeannette Finch		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wallace Douglas Lightfoot	11. Present Address of Registrant: P.O. Box 503 Ketchum Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on September 9 19 64	12. Signature of Notary: [illegible]	13. Notary Commission expires July 30 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Army Discharge papers	By whom issued and signed: R. Naser, Deputy, Camas County Idaho, John L. Edwards, Aud.	Date Issued: May 7, 1934	Date Orig. Entry: Oct. 27, 1917
	Date of Birth: Age 18 5/12	Birth Place: Soldier, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #206160	Date Issued: ---	Date Orig. Entry: child born Sept. 17, 1932
	Date of Birth: Age 33	Birth Place: Soldier, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certificate of the Holy Sacrament of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Sept. 7, 1964	Date Orig. Entry: baptized Dec. 21, 1941
	Date of Birth: June 23, 1899	Birth Place: Soldier, Idaho	Full Name of Mother: Jeanette Laird	Name of Father: John Lightfoot
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 16, 1964

FORM BH 56067

1 copy paid rec. #1934

8-5-64 gml K

SEP 17 1964

Friedland Atty

767-220-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-656

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Lella ~~[illegible]~~ Pope		2. Date Of Birth (month) May (day) 20th (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ora Idaho
FATHER	6. Full Name of Father: Oscar Monroe Pope		7. State or Country of Father's Birth: utah	
MOTHER	8. Full Maiden Name of Mother: Laura Burbank		9. State or Country of Mother's Birth: utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lella Anderson	11. Present Address of Registrant: 101 Conner St. Sherwood Park Alberta	
NOTARY (Seal)	Subscribed and sworn to before me on 18th August 1964	12. Signature of Notary: James Pyrow	13. Notary Commission expires: Perpetual 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah,	Date Issued: August 27, 1951	Date Orig. Entry: Nov. 1907
	Date of Birth: May 20, 1899 / Birth Place: ---	Full Name of Mother: Laura Burbanks	Name of Father: Oscar Pope	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Vital Statistics, Edmonton, Canada, Province of Alberta	Date Issued: Sept. 14, 1964	Date Orig. Entry: Feb. 25, 1920
	Date of Birth: Age 20 / Birth Place: Ora, Idaho, U.S.A.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Census record	By whom issued and signed: Ottawa, Canada, J.L. Forsyth Assist. Director, Census Div.	Date Issued: Aug. 5, 1964	Date Orig. Entry: June 1, 1916
	Date of Birth: Age 17 / Birth Place: United States of America	Full Name of Mother: Laura L. Pope	Name of Father: Oscar Pope	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 25, 1964

FORM BH 56067

318125-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Orvill Taylor		2. Date of Birth (month) October (day) 25 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: John Beecher Taylor		7. State or Country of Father's Birth: Willard City, Utah	
MOTHER	8. Full Maiden Name of Mother: Anna Elizabeth Stauffer		9. State or Country of Mother's Birth: Willard City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester Orvill Taylor	11. Present Address of Registrant: 600 atlantic St	
NOTARY (Seal)	Subscribed and sworn to before me on: October 22 1964	12. Signature of Notary: Marlyn [illegible]	My commission expires: March 25 1968	

MARLYN [illegible]
NOTARY PUBLIC CALIFORNIA
COUNTY OF PLACER

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit for marriage license		By whom issued and signed: Fremont County, Idaho La Monte Bauer, Clerk	Date Issued: June 8, 1964	Date Orig. Entry: Oct. 12,1921
	Date of Birth: age 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin (13 or 14 yrs. old at time of birth)		By whom issued and signed: Aletha B. Woolsey	Date Issued: March 13, 1964	Date Orig. Entry: ---
	Date of Birth: October 25, 1899	Birth Place: near St. Anthony, Idaho Fremont County	Full Name of Mother: Anna Elizabeth Stauffer Taylor	Name of Father: John Beecher Taylor	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #151882	Date Issued: -----	Date Orig. Entry: child born May 8, 1927
	Date of Birth: Age 27	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 27, 1964

FORM BH 56067

1 copy paid rec. # 12722

OCT 27 1984

282-229-029-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-798

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Matilda Bysegger			2. Date of Birth (month) (day) (year): June 29, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: at home - - - Latah County	b. City or Town of Birth: 10 Mi. N. of Potlatch, Idaho
FATHER	6. Full Name of Father: Fred Bysegger			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Anna Trasel ~~[illegible]~~			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ida M. Sonearty		11. Present Address of Registrant: Potlatch, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 30 1964	12. Signature of Notary: Richard Barker		13. Notary Commission expires: 5-1- 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (born 1886)		By whom issued and signed: Charles Bysegger	Date Issued: Nov. 30, 1964	Date Orig. Entry: ----
	Date of Birth: June 29, 1899	Birth Place: 10 mi. N. Potlatch Latah Co., Idaho	Full Name of Mother: Anna Trasel Bysegger	Name of Father: Fred Bysegger	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage return		By whom issued and signed: Whitman County, Washington county auditor, P. H. Lust.	Date Issued: -----	Date Orig. Entry: Dec. 21, 1916
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: Anna Trasel	Name of Father: Fred Bysegger	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #156956	Date Issued: -----	Date Orig. Entry: child born Oct. 7, 1927
	Date of Birth: Age : 28	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 2, 1964

FORM BH 56067

415-107-C 36-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-806

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russel O. Daniels			2. Date of Birth (month) April (day) 7 (year) 1899
	3. Color or Race: white	4. Sex: MALE	5. Place of Birth a. County: Malad, Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Daniel M. Daniels			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Catherine Owens			9. State or Country of Mother's Birth: Malad, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russel O Daniels		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: 12-4th 1964	12. Signature of Notary: Daniel B. Jones		13. Notary Commission expires: 8-4 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L. D. S. Church Certificate of Baptism	By whom issued and signed: William H. Richard, Bishop F. E. Jones, Clerk	Date Issued: Oct. 13, 1907	Date Orig. Entry: Baptized Oct. 6, 1907
	Date of Birth: April 7 1899	Birth Place: Malad, Idaho	Full Name of Mother: Catherine Owens	Name of Father: Daniel M. Daniels
SUPPORTING RECORD 2.	Type of Document: L. D. S. Church Record Certificate of Ordination	By whom issued and signed: J. P. Jensen, Bishop F. E. Jones, Clerk	Date Issued: Dec. 18 1911	Date Orig. Entry: Ordained Dec. 1911
	Date of Birth: April 7 1899	Birth Place: Malad, Idaho	Full Name of Mother: Catherine Owens	Name of Father: Daniel M. Daniels
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with state of Idaho # 160378	Date Issued: ----------	Date Orig. Entry: child born March 7, 1928
	Date of Birth: Age 28	Birth Place: Malad, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Dec. 9, 1964

FORM BH 56067

413-216-004-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-811

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH MARIA DALRYMPLE			2. Date of Birth (month) (day) (year): November 16, 1899
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Idaho Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Henry Harrison Dalrymple			7. State or Country of Father's Birth: Bountiful, Utah
MOTHER	8. Full Maiden Name of Mother: Elnora Laker			9. State or Country of Mother's Birth: St Charles, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Dalrymple Coccoprese		11. Present Address of Registrant: 8 Hillside Avenue Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: December 7th 1964	12. Signature of Notary: Virginia D. Barlow		13. Notary Commission expires: January 30 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding application for membership (notarized)	By whom issued and signed: Woman's Benefit Association Port Huron, Michigan	Date Issued: Dec. 7, 1964	Date Orig. Entry: April 11, 1929
	Date of Birth: Nov.16,1899	Birth Place: Montpelier, Idaho	Full Name of Mother: Eleanor Lake	Name of Father: Henry Dalrymple
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Salt Lake County, Utah Alvin Keddington, Clerk	Date Issued: Dec.1,1964	Date Orig. Entry: April 27, 1922
	Date of Birth: Nov.16,1899	Birth Place: Montpelier	Full Name of Mother: Elinore Laker	Name of Father: Henry H. Dalrymple
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #141975	Date Issued: -----	Date Orig. Entry: child born June 6, 1926
	Date of Birth: Age 26	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 15, 1964

FORM BH 56067

DEC 15 1964

219-105-001-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lonnie Athol Barber		2. Date of Birth (month) September (day) 5 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian, Idaho
FATHER	6. Full Name of Father: John Thomas Barber		7. State or Country of Father's Birth: Kansas, Butler	
MOTHER	8. Full Maiden Name of Mother: Lydia May Masters		9. State or Country of Mother's Birth: Unknown	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lonnie A. Barber	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on Jan. 18 1965	12. Signature of Notary: James G. Bichoff	13. Notary Commission expires Dec. 12 1965	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #205963	Date Issued: ----	Date Orig. Entry: child born Sept. 21, 1932
	Date of Birth: Age 33	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Obviously old
	Date of Birth: Sept. 5, 1899	Birth Place: Meridian, Idaho	Full Name of Mother: Lydia M. Masters	Name of Father: John T. Barber
SUPPORTING RECORD 3.	Type of Document: The Mutual Life Ins. Co. of New York	By whom issued and signed: Alexander E. Patterson President	Date Issued: July 12 1949	Date Orig. Entry: July 12 1949
	Date of Birth: Sept. 5 1899	Birth Place: Meridian, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: Jan. 19, 1965

FORM BH 56067

Barber

JAN 19 1965

655406-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Weeks			2. Date Of Birth (month) December (day) 6 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bonneville	b. City or Town of Birth: Irwin
FATHER	6. Full Name of Father: Hyrum James Weeks			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Warrem Burton			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ~~Jesse Weeks~~ Jesse Weeks		11. Present Address of Registrant: Swan Valley, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 7 1964	12. Signature of Notary		13. Notary Commission expires: Oct. 21 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #167216	Date Issued: ----	Date Orig. Entry: child born Sept. 20, 1928
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Beneficial Life Insurance Company	Date Issued: December 1, 1936	Date Orig. Entry:
	Date of Birth: Dec.6,1899	Birth Place: Irwin, Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Church certificate of birth	By whom issued and signed: IDS Church, Salt Lake City, Utah	Date Issued: Jan.7,1965	Date Orig. Entry: March 5, 1900
	Date of Birth: Dec.6,1899	Birth Place: Irwin, Idaho	Full Name of Mother: Mary W. Burton	Name of Father: Jyrum J. Weeks
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm sm Glenda Larson	Date Filed: Feb. 1, 1965

FORM BH 56067

910

FEB 1 1965

154-219-014-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Evelyn Anderson			2. Date Of Birth (month) Nov. (day) 19 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County (Town): Emmett Canyon	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Charles Lavergne Anderson			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Lula Estella Knouse			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Evelyn Miller		11. Present Address of Registrant: R.1 Box 27E Albany, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 10-17 1959	12. Signature of Notary: Zola L. Rastock		13. Notary Commission expires: 10-10 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Cora Wilhelm Age 80	Date Issued: July 7,1962	Date Orig. Entry: -----
	Date of Birth: Nov.19,1899 / Birth Place: Emmett, Idaho	Full Name of Mother: Lula E. Knouse	Name of Father: Charles L. Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #158608	Date Issued: -----	Date Orig. Entry: Child born Jan.10, 1928
	Date of Birth: Age 28 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #53 409 975	By whom issued and signed: Bankers Life and Casualty Co.	Date Issued: Oct.21,1958	Date Orig. Entry: Sept.27,1958
	Date of Birth: Nov.19,1899 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson		Date Filed: April 1, 1965

FORM BH 56067

APR 8 1965

365-30-003-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-309

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester Loveland			2. Date of Birth (month) December (day) 30, (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Chesterfield
FATHER	6. Full Name of Father: Heber C. Loveland			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth J. Higginson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester Loveland		11. Present Address of Registrant: 4806 Hawthorne Rd. Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: 9-28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L.D.S. Church Certificate of Birth	By whom issued and signed: L.D.S.Church, Salt Lake City, Utah. Chesterfield Ward Record	Date Issued: Aug 13, 1959	Date Orig. Entry: entered on record Feb 4, 1900
	Date of Birth: Dec. 30, 1899 / Birth Place: Chesterfield, Idaho Bannock Co.	Full Name of Mother: Elizabeth J. Higginson	Name of Father: Heber C. Loveland	
SUPPORTING RECORD 2.	Type of Document: Statement regarding insurance records	By whom issued and signed: Beneficial Life Insurance Co. Salt Lake City, Utah	Date Issued: Feb.9,1965	Date Orig. Entry: April 28, 1922
	Date of Birth: Dec.30,1899 / Birth Place: Chesterfield, Idaho	Full Name of Mother: ------	Name of Father: Carlos Heber Loveland	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #519-42-8945	By whom issued and signed: Treasury Department	Date Issued: Feb.23,1965	Date Orig. Entry: April 6, 1956
	Date of Birth: Dec.30,1899 / Birth Place: Chesterfield, Idaho	Full Name of Mother: Elizabeth Jones Higginson	Name of Father: Carlos Heber Loveland	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bf Glenda Larson	Date Filed: May 18, 1965

FORM BH 56067

MAY 18 1965

913-222-008-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-324

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Elizabeth Ralph		2. Date of Birth (month) August (day) 22 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Idaho City, Idaho
FATHER	6. Full Name of Father: Joseph Aaron Ralph		7. State or Country of Father's Birth: Clark County, Iowa	
MOTHER	8. Full Maiden Name of Mother: Lillie Belle Tavis		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Elizabeth Ralph	11. Present Address of Registrant: Heisler W. 1509 1/2 - 8th Ave Spokane Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1965	12. Signature of Notary: Arthur F. Swanson	13. Notary Commission expires: Feb. 10 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Rebecca Christoph, (17 years old at time of birth)	Date Issued: March 1, 1965	Date Orig. Entry: -----
	Date of Birth: Aug. 22, 1899	Birth Place: Idaho City, Idaho	Full Name of Mother: Lillie Tavis Ralph	Name of Father: Joseph Ralph
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records Lincoln school	By whom issued and signed: Spokane Public Schools, Wm. C. Sorenson, Supt. of Schools	Date Issued: Jan. 28, 1965	Date Orig. Entry: May 1, 1913
	Date of Birth: Aug. 22, 1899	Birth Place: ----	Full Name of Mother: Lillie Schneider	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr. 10, 1965	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 25, 1965

FORM BH 56067

MAY 25 1965

Swanson, Atty

867-129-003-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-361

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ervin Bergeson Hogan			2. Date of Birth (month) 9 (day) 29 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Chesterfield Idaho
FATHER	6. Full Name of Father: Nelson Jensen Hogan			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Josephine ~~Hogan~~ Bergeson			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ervin Bergeson Hogan		11. Present Address of Registrant: 202 Jefferson, Bend, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1965	12. Signature of Notary: James O. Antz		13. Notary Commission expires: Jan. 17 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Mutual Life Insurance Co. of New York	Date issued: ----	Date Orig. Entry: Oct.26,1937
	Date of Birth: Sept. 29, 1899	Birth Place: Chesterfield, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: photocopy of Military Discharge Paper	By whom issued and signed: United States Army	Date issued: Dec.16,1918	Date Orig. Entry: Oct.15,1918 enlisted
	Date of Birth: Age 19	Birth Place: Chesterfield, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to Holy Priesthood, Elder	By whom issued and signed: LDS Church, line 193 Thos. H. Higginson Ward Clerk	Date issued: July 10,	Date Orig. Entry: ordained May 3, 1919
	Date of Birth: Sept. 29, 1899	Birth Place: Chesterfield, Idaho	Full Name of Mother: Josephine Bergensen	Name of Father: Nels J. Hogan
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 7, 1965

FORM BH 56067

5-2

Hogard

JUN 8 1985

JAMES O. LAMPE
NOTARY
PUBLIC
STATE OF OHIO

168-109-022-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-406

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orie S. Johnson			2. Date of Birth (month) (day) (year): October 9, 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Burton
FATHER	6. Full Name of Father: John N. Johnson			7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Anna C. Sorensen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orie S. Johnson		11. Present Address of Registrant: 2827 S. 9 Stephens
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L. D.S. Church Certificate of Birth	By whom issued and signed: A. William Lund Asst. Custodian of Records	Date Issued: April 8 1959	Date Orig. Entry: Recorded Feb. 4, 1900
	Date of Birth: Oct. 9 1899 / Birth Place: Burton	Full Name of Mother: Anna C. Sorensen	Name of Father: John N. Johnson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 77	By whom issued and signed: Ethel Johnson	Date Issued: Oct. 1 1959	Date Orig. Entry: ----------
	Date of Birth: Oct. 9, 1899 / Birth Place: Fremont County Burton, Idaho	Full Name of Mother: Anna C. Sorenson	Name of Father: John Nephi Johnson	
SUPPORTING RECORD 3.	Type of Document: Application of Marriage	By whom issued and signed: Clarence Cowan, Co. Clerk Salt Lake Co. Utah	Date Issued: July 1 1926	Date Orig. Entry: July 1 1926
	Date of Birth: Oct. 9 1899 / Birth Place: Burton, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: June 14, 1965

FORM BH 56067

JUN 16 1965

389-23-0015-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Thirkill		2. Date of Birth (month) September (day) 30 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Gentile Valley
FATHER	6. Full Name of Father: George Edwin Thirkill		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Fullmer		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite Thirkill Winn	11. Present Address of Registrant: 1B408 Rd 12 Chowchilla	
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1965	12. Signature of Notary: Paul J. Christoffersen	13. Notary Commission expires: PAUL J. CHRISTOFFERSEN ~~My Commission Expires Mar. 19, 1960~~	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of record of Membership	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: April 19, 1965	Date Orig. Entry: 1941
	Date of Birth: Sept. 30, 1899	Birth Place: Gentile Valley, Idaho	Full Name of Mother: Mary J. Fulmer	Name of Father: George E. Thirkill
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Mercy Hospital, Merced, Calif. M.A. Reckert, Med. Rec. Dept.	Date Issued: May 10, 1965	Date Orig. Entry: April 13, 1960
	Date of Birth: Sept. 30, 1899	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin	By whom issued and signed: Rachel Thirkill Gilgen Age 75	Date Issued: June 14, 1965	Date Orig. Entry: -----
	Date of Birth: Sept. 30, 1899	Birth Place: Gentile Valley, Bannock Co. Idaho	Full Name of Mother: Mary Jane Fullmer	Name of Father: George Edwin Thirkill
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 7, 1965

FORM BH 56067

(W) 6-28-65

JUL 7 1965

863-03-036-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-462

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Deward Holden		2. Date Of Birth (month) Jan. (day) 3, (year) 1899	
	3. Color or Race: Cau.	4. Sex: Male	5. Place of Birth a. County: Franklin, Idaho, Oneida Ct.	b. City or Town of Birth: Franklin, Idaho
	6. Full Name of Father: James Milton Holden		7. State or Country of Father's Birth: St. Joesph, Mo.	
	8. Full Maiden Name of Mother: Polly Viola Perkins		9. State or Country of Mother's Birth: Franklin, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Deward Holden	11. Present Address of Registrant: Dillon Beach, California	
NOTARY	Subscribed and sworn to before me on: February 25 1965	12. Signature of Notary: Ida May Haynes	13. Notary Commission expires: IDA MAY HAYNES ~~My Commission Expires Oct. 19, 1968~~	

OFFICIAL SEAL
IDA MAY HAYNES
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SONOMA COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license	By whom issued and signed: obtained in Sacramento Co. California	Date Issued: -----	Date Orig. Entry: Jan. 7, 1927
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of designation, change, revocation of beneficiary	By whom issued and signed: United States Civil Service Commission, Wash. D.C.	Date Issued: -----	Date Orig. Entry: Feb.11,1946
	Date of Birth: Jan.3,1899	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for lodge membership	By whom issued and signed: Capital City Lodge No499 F. & A. M. (Masons)	Date Issued: ----	Date Orig. Entry: Sept.24,1931
	Date of Birth: Jan.3,1899	Birth Place: Franklin, Idaho	Full Name of Mother: -----	Name of Father: ------

QUALIFYING INFORMATION

Duplicate Certificate of Baptism and Confirmation in LDS Church issued May 16, 1965 ~~shows that Deward Holden was born January 3, 1899 at Franklin, Oneida County, Idaho~~ Parents are: James Holden and Polly Perkins. Baptized on July 3, 1907.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	gml Glenda Larson	July 20, 1965

FORM BH 56067

7-65

JUL 20 1965

Kelly

OFFICIAL DEPARTMENT CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Full name of child

2. Date of birth

3. Sex

4. Place of birth

5. Name of hospital or place of birth

6. Mother's maiden name

7. Father's name

8. Mother's place of birth

9. Father's place of birth

10. Mother's occupation

11. Father's occupation

12. Mother's residence

13. Father's residence

14. Number of previous children

15. Number of previous stillbirths

16. Mother's mailing address

17. Date filed

18. Signature of registrar

19. Date of registration

CERTIFICATION

I hereby certify that the above particulars have been found in the division of vital statistics for this registration and that documentary evidence has been received which establishes the facts as set forth in the foregoing statement.

Date filed

Signature of registrar

Evidence received

Date of registration

867-101-029-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-475

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dick Lord Hopkins			2. Date of Birth (month) April (day) 1 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Eli Hopkins			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Leaphy Etta Hopkins			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dick L. Hopkins		11. Present Address of Registrant: 1563 NW 191 Pl. Seattle Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1965	12. Signature of Notary: H. E. Forscum		13. Notary Commission expires: Oct 7 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Leaphy Etta Hopkins	Date Issued: Sept.5,1941	Date Orig. Entry: -----
	Date of Birth: April 1, 1899 / Birth Place: Moscow, Idaho Latah County	Full Name of Mother: Leaphy Etta Hopkins	Name of Father: Eli Hopkins	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for membership in lodge	By whom issued and signed: Tacoma Lodge #174, Benevolent & Protective Order of Elks USA	Date Issued: Oct.28,1964	Date Orig. Entry: April 1, 1924
	Date of Birth: April 1, 1899 / Birth Place: Moscow, Latah County, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #8667476	By whom issued and signed: the Prudential Ins. Co. of America	Date Issued: Oct.1,1934	Date Orig. Entry: Sept.20,1934
	Date of Birth: April 1, 1899 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Glenda Larson	July 26, 1965

FORM BH 56067

214-220-040-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathleen Hughes Baumgartner			2. Date of Birth (month) July (day) 20 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Burke, Idaho	b. City or Town of Birth: Burke Idaho
FATHER	6. Full Name of Father: Mathias Baumgartner			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Mary Allen Baumgartner			9. State or Country of Mother's Birth: Ohio, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the OFFICIAL SEAL best of my knowledge and belief.	10. Signature of Registrant: Kathleen H. Baumgartner		11. Present Address of Registrant: 317 - South Santa Ana Calif.
	(Seal) ETHEL THORA O'BRIEN NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY	Subscribed and sworn to before me on July 2 1965	12. Signature of Notary: Ethel Thora O'Brien	13. Notary Commission expires: ETHEL THORA O'BRIEN My Commission Expires July 19, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for Passport #52686	By whom issued and signed: Dept. of State, U.S.A.	Date Issued: June 29,1964	Date Orig. Entry: June 2, 1921
	Date of Birth: July 20, 1899	Birth Place: Burke, Idaho	Full Name of Mother: -------	Name of Father: Mathias Baumgartner
SUPPORTING RECORD 2.	Type of Document: Certified copy of affidavit by mother	By whom issued and signed: Dept. of State,U.S.A. from files. Mamie F. Baumgartner	Date Issued: June 20,1921	Date Orig. Entry: ------
	Date of Birth: July 20,1899	Birth Place: Burke, Idaho Shoshone County	Full Name of Mother: Mamie F. Baumgartner	Name of Father: Matt Baumgartner
SUPPORTING RECORD 3.	Type of Document: certified copy of Baptismal record	By whom issued and signed: Dept. of State,U.S.A., St. Alphonsus Rectory,Wallace,Ida.	Date Issued: May 20,1921	Date Orig. Entry: baptized Aug.13,1899
	Date of Birth: July 20,1899	Birth Place: Burke, Idaho	Full Name of Mother: Maria Allen Baumgartner	Name of Father: Matthew Baumgartner
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 30,1965

FORM BH 56067

JUL 30 1965

Moriarty

819-229-035-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-527

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Lavina Harrington			2. Date of Birth (month) March (day) 29 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Ellsworth Miles Harrington			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Annie Emily Delsol			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Lavina Harrington Bobby Smith		11. Present Address of Registrant: Crescent City, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on July 19 19 65	12. Signature of Notary: Russell Randall		13. Notary Commission expires: January 1 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #111676	Date Issued: -----	Date Orig. Entry: child born Jan. 23, 1923
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Bible record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Mar.29,1899	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Annie Emily Harrington	Date Issued: July 19,1965	Date Orig. Entry: ----
	Date of Birth: Mar.29,1899	Birth Place: Lewiston, Idaho	Full Name of Mother: Annie Emily Harrington	Name of Father: Ellsworth Miles Harrington
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. L. Benson	Evidence reviewed by: Glenda Larson		Date Filed: August 4, 1965

FORM BH 56067

3-21-65

Smith

AUG 4 1965

261-224-003-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Manila Swanson			2. Date Of Birth (month) Oct. (day) 24 (year) 1899
	3. Color or Race: W.	4. Sex: F.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Theodore Swanson			7. State or Country of Father's Birth: Lockridge, Iowa USA
MOTHER	8. Full Maiden Name of Mother: Effie Ann Stephenson			9. State or Country of Mother's Birth: Lockridge Iowa USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice E. Wood		11. Present Address of Registrant: 510 West Whitman Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 26 1965	12. Signature of Notary: Grace Beitline		13. Notary Commission expires: August 3 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 74	By whom issued and signed: Theodore A. Swanson	Date Issued: -----	Date Orig. Entry: Aug. 27 1965
	Date of Birth: Oct. 24 1899 / Birth Place: Pocatello, Idaho	Full Name of Mother: Effie Ann Stephenson	Name of Father: Theodore Swanson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: H. A. Hamilton, Pastor Methodist EpiscopalChurch	Date Issued: April 16 1924	Date Orig. Entry: Baptized April 16, 1924
	Date of Birth: Oct. 24 1899 / Birth Place: Pocatello	Full Name of Mother: ------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Employment Record Union Pacific Railroad	By whom issued and signed: H. R. Bennett, Personnel Record Clerk	Date Issued: Aug. 27 1965	Date Orig. Entry: Employed 1923 - 1929
	Date of Birth: Oct. 24, 1899 / Birth Place: Pocatello, Ida.	Full Name of Mother: -------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Sept. 15, 1965

FORM BH 56067

8-21-65

SEP 15 1965

Wm

866-127-010-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-805

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Leo Howard.		2. Date of Birth (month) July (day) 27 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shelton Bonneville	b. City or Town of Birth
FATHER	6. Full Name of Father: John Shelton Howard.		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Downs		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Leo Howard	11. Present Address of Registrant: McCammon Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 23rd 1965	12. Signature of Notary: Mildred E. Lindenschmidt	13. Notary Commission expires: Nov 4 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (14 yrs. old at time of birth)	By whom issued and signed: A. C. Howard	Date Issued: July 29,1965	Date Orig. Entry: ------
	Date of Birth: July 27, 1899	Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Sarah Ann Downs Howard	Name of Father: John Shelton Howard
SUPPORTING RECORD 2.	Type of Document: photocopy of page from Bible	By whom issued and signed: Family Bible	Date Issued: July 28, 1965	Date Orig. Entry: obviously old
	Date of Birth: July 27, 1899	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a teacher	By whom issued and signed: LDS Church, John S. Howard, Bishop line 163 #23	Date Issued: ------	Date Orig. Entry: Dec.21,1914 ordained
	Date of Birth: July 27, 1899	Birth Place: Shelton, Idaho	Full Name of Mother: Sarah A. Downs	Name of Father: John S. Howard
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 5, 1965

FORM BH 56067

1cp pd rec # 17471

9-28-

Howard

445-213-021-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-827

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ann Dunkley			2. Date Of Birth (month) (day) (year): June 13, 1899
	3. Color or Race: Wh	4. Sex: F	5. Place of Birth a. County: Franklin, Franklin,	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Joseph Leitch Dunkley			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emma Gertru Wickham			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann Bergeson		11. Present Address of Registrant: Weston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 14, 1965 19	12. Signature of Notary: [illegible]		13. Notary Commission expires: 4-5-65 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Thomas D. Dee LDS Memorial Hospital, Ogden, Utah	Date Issued: Oct.11,1965	Date Orig. Entry: Oct.1955
	Date of Birth: Age 56	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Emma Gertru Wickham Dunkley	Date Issued: Sept.23,1965	Date Orig. Entry: -----
	Date of Birth: June 13, 1899	Birth Place: Franklin, Franklin County, Idaho	Full Name of Mother: Emma Gertru Wickham Dunkley	Name of Father: Joseph Leitch Dunkley
SUPPORTING RECORD 3.	Type of Document: duplicate church membership record	By whom issued and signed: LDS Church, David A. Nash, Jr. Bishop, Weston Ward	Date Issued: -----	Date Orig. Entry: blessed Aug.6,1899
	Date of Birth: June 13,1899	Birth Place: Franklin, Idaho Franklin County	Full Name of Mother: Emma Wickham	Name of Father: Joseph Leitch Dunkley
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: November 16,1965

FORM BH 56067

11-4 65

NOV 16 1965

Bergson

753-27-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-844

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah G.Peterson			2. Date Of Birth (month) August (day) 17 (year) 1899
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: St.John,Idaho (mail Malad)
FATHER	6. Full Name of Father: John H.Peterson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hannah Jones			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah G. Larson		11. Present Address of Registrant: Malad,Idaho Route 1,Box 150
NOTARY (Seal)	Subscribed and sworn to before me on: 8-19 1965	12. Signature of Notary: Daniel O. Jones		13. Notary Commission expires: 8-3 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, James W. Madson, Bishop-branch Pres.	Date Issued: July 27, 1965	Date Orig. Entry: baptized July 19,1908
	Date of Birth: Aug.17,1899	Birth Place: St. John, Oneida County, Idaho	Full Name of Mother: Hannah Jones	Name of Father: John H. Peterson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho#102702	Date Issued: ------	Date Orig. Entry: child born June 7, 1922
	Date of Birth: Age: 22	Birth Place: Malad,	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Mrs. Mae Harris	Date Issued: Nov.16,1965	Date Orig. Entry: ------
	Date of Birth: Aug.17,1899	Birth Place: St. John, Idaho	Full Name of Mother: Hannah Jones Peterson	Name of Father: John H. Peterson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 18, 1965

FORM BH 56067

Larson

NOV 18 1965

319-107-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-845

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Oscar Larson			2. Date of Birth (month) July (day) 7 (year) 1899
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: St.John Oneida	b. City or Town of Birth: St.John,Idaho (mail Malad)
FATHER	6. Full Name of Father: William Larson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jane Jones			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Oscar Larson		11. Present Address of Registrant: Malad, Idaho Route 1, Box 150
NOTARY (Seal)	Subscribed and sworn to before me on: 8-19 1965	12. Signature of Notary: Daniel O. Jones		13. Notary Commission expires: 8-3 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, James W. Madson bishop-branch pres.	Date Issued: July 27, 1965	Date Orig. Entry: baptized May 8, 1910
	Date of Birth: July 7,1899	Birth Place: St. John, Oneida County, Idaho	Full Name of Mother: Jane Jones	Name of Father: William Larson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #102702	Date Issued: ------	Date Orig. Entry: child born June 7, 1922
	Date of Birth: Age 22	Birth Place: Malad	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative and neighbor at time of birth	By whom issued and signed: Mrs. Mae Harris	Date Issued: Nov.16,1965	Date Orig. Entry: ------
	Date of Birth: July 7,1899	Birth Place: St. John, Idaho	Full Name of Mother: Jane Jones Larson	Name of Father: William Larson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 18, 1965

FORM BH 56067

NOV 18 1965

Larson

S94-403.036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-868

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Simpson			2. Date of Birth (month) (day) (year): February 3 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida County, Idaho	b. City or Town of Birth: Treasureton, Idaho
FATHER	6. Full Name of Father: Moses Simpson			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Sarah Christina Petersen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin Simpson		11. Present Address of Registrant: 227 North Washington St. Dillon, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: November 26 1965	12. Signature of Notary: Richard L. Burns		13. Notary Commission expires: May 29 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin Age 73	By whom issued and signed: Arthur Kidman	Date Issued: Feb.12,1960	Date Orig. Entry: -----
	Date of Birth: Feb.3, 1899 / Birth Place: Treasureton,Idaho	Full Name of Mother: Sarah Christina Peterson	Name of Father: Moses Simpson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding voting records	By whom issued and signed: Beaverhead County, Montana Evelyn J.Sage, Clerk	Date Issued: Oct.14,1965	Date Orig. Entry: Aug.4,1952
	Date of Birth: Feb.3,1899 / Birth Place: Treasureton,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: copy of Certificate of Blessing	By whom issued and signed: IDS Church,Donald N. Barger, Clerk	Date Issued: Nov.20,1965	Date Orig. Entry: blessed March 5,1899
	Date of Birth: Feb.3,1899 / Birth Place: Treasureton,Idaho	Full Name of Mother: Sarah Christina Petersen	Name of Father: Moses Simpson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 30, 1965

FORM BH 56067

Simpson

NOV 30 1965

72-208-030-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Mary Gibbs			2. Date of Birth (month) January (day) 8 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: near Salmon City
FATHER	6. Full Name of Father: George Washington Gibbs			7. State or Country of Father's Birth: Duquoin, Illinois
MOTHER	8. Full Maiden Name of Mother: Alaphair (Allie) Elizabeth Yearian			9. State or Country of Mother's Birth: Duquoin, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Gibbs Stoerner		11. Present Address of Registrant: 740 West H St - Dixon, Cal
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1966	12. Signature of Notary: W. C. [illegible]		13. Notary Commission expires: March 29 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 77	By whom issued and signed: Willard Yearian	Date Issued: Jan.19,1966	Date Orig. Entry: -----
	Date of Birth: Jan.8,1899 / Birth Place: near Salmon City, Lemhi Co., Idaho	Full Name of Mother: Alaphair (Allie) Elizabeth Yearian	Name of Father: George Washington Gibbs	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license	By whom issued and signed: married in Fresno County, California	Date Issued: Dec.23,1922	Date Orig. Entry: Dec. 23,1922
	Date of Birth: Age 23 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: San Joaquin County recorder's office, California	Date Issued: Feb.2,1966	Date Orig. Entry: child born Oct.19,1923
	Date of Birth: Age 24 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson		Date Filed: Feb. 9, 1966

FORM BH 56067

(S) 1-28-66

844-279-001-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-242

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Elizabeth Hummel		2. Date of Birth (month) Nov. (day) 19 (year) 1899	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Boise, Ida/ Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Karl Frederick Hummel		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Marie Anna Konrad		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Elizabeth Hummel	11. Present Address of Registrant: Gooding, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 28 19 66	12. Signature of Notary: Julius Schmitt	13. Notary Commission expires: March 1 19 68	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #379856	Date Issued: ----	Date Orig. Entry: child born Aug.2,1943
	Date of Birth: AGE: 43	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Frederick C. Hummel Age 81	Date Issued: Feb.23,1966	Date Orig. Entry: ------
	Date of Birth: Nov.19,1899	Birth Place: Boise, Idaho	Full Name of Mother: Marie Konrad Hummel	Name of Father: Charles F. Hummel
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: Nov.19,1899	Birth Place: Boise, Idaho	Full Name of Mother: Marie Anna Konrad	Name of Father: Karl Friedrick Hummel
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 24, 1966	

FORM BH 56067

Child's birth - # 379856

MAR 24 1966

295-209-029-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE66-263

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna G. Sievers			2. Date Of Birth (month) April (day) 9, (year) 1899
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: George Sievers			7. State or Country of Father's Birth: ~~Idaho~~ Newholstein, Wis.
MOTHER	8. Full Maiden Name of Mother: Agnes Luedke			9. State or Country of Mother's Birth: Kiel, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna G. Sievers		11. Present Address of Registrant: 426 Lewist Street Moscow, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on January 21, 1966.	12. Signature of Notary: [illegible]		13. Notary Commission expires: October 27, 1969.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: School Dist. #5, Latah County M.K.Cline-Latah County recorder	Date Issued: Dec.17,1965	Date Orig. Entry: Jan.21,1914
	Date of Birth: Age 14	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Spokane County State of Washington #2017	Date Issued: ----	Date Orig. Entry: child born Nov.25,1919
	Date of Birth: Age 20	Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of statement of church records	By whom issued and signed: First Methodist Church,Moscow Idaho,S.Raynor Smith, Jr.,Minister	Date Issued: Mar.10,1966	Date Orig. Entry: baptized March 31,1912
	Date of Birth: Apr.9,1899	Birth Place: Moscow, Idaho	Full Name of Mother: Agnes Sievers	Name of Father: George Sievers
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 29, 1966

FORM BH 56067

2-22-66

866-22-036-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ross Porter Howell		2. Date Of Birth (month) June (day) 22 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Clifton Idaho ~~xxxxxx~~ a. County: Oneida	b. City or Town of Birth: Clifton, Oneida, Idaho
FATHER	6. Full Name of Father: William Preston Howell			7. State or Country of Father's Birth: Clifton, Idaho
MOTHER	8. Full Maiden Name of Mother: Harriett Susanne Porter			9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ross Porter Howell		11. Present Address of Registrant: 204 West 1st North Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1966	12. Signature of Notary: A J Harris		13. Notary Commission expires: Aug 26 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: Mar.15,1966	Date Orig. Entry: May 3,1908
	Date of Birth: June 22,1899 / Birth Place: Clifton, Idaho Oneida County	Full Name of Mother: Susanne Porter	Name of Father: William P. Howell	
SUPPORTING RECORD 2.	Type of Document: duplicate copy of designation or change of beneficiary	By whom issued and signed: Railroad Retirement Board	Date Issued: Mar.27,1942	Date Orig. Entry: Mar.27,1942
	Date of Birth: June 22,1899 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Lodge record	By whom issued and signed: Brotherhood of Maintenance of Way Employes, Lodge #1402	Date Issued: Oct.30,1965	Date Orig. Entry: April 2,1951
	Date of Birth: June 22,1899 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson		Date Filed: March 30, 1966

FORM BH 56067

3-9-66

363-11-003-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-334

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ORRIN COLBY			2. Date of Birth (month) (day) (year): FEBRUARY 11, 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: GARFIELD AVE BANNOCK	b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: ORRIN LINCOLN COLBY			7. State or Country of Father's Birth: CALIFORNIA
MOTHER	8. Full Maiden Name of Mother: ROSE LOVETTA MANASSA			9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. Orrin Colby		11. Present Address of Registrant: 2417 SILVER RIDGE AVE LOS ANGELES, CALIF 90039
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1966	12. Signature of Notary: Samuel Goldstein		13. Notary Commission expires: January 25 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.20,1966	Date Orig. Entry: June 1, 1900
	Date of Birth: Feb.1899 / Birth Place: Idaho	Full Name of Mother: Rose L. Colby	Name of Father: Orrin L. Colby	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin (17 yrs. old at time of birth)	By whom issued and signed: George O. Piercey	Date Issued: Jan.31,1966	Date Orig. Entry: ------
	Date of Birth: Feb.11,1899 / Birth Place: Pocatello, Idaho	Full Name of Mother: Rose Lovetta Colby (Manassa)	Name of Father: Orril Lincoln Colby	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Portland Public Schools, Ore. Llewellyn School	Date Issued: Dec.9,1965	Date Orig. Entry: term ending Feb.3,1909
	Date of Birth: 9 yrs. 9 mo. / Birth Place: ----	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 25, 1966

FORM BH 56067

1-10-66

Copy

986-121-010-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert John Rhoades		2. Date Of Birth (month) Feb. (day) 21 (year) 1899	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County (now) Bingham Bonneville; Ammon, Idaho	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: John Rhoades		7. State or Country of Father's Birth: Lehi, Utah	
MOTHER	8. Full Maiden Name of Mother: Maria Pritchard		9. State or Country of Mother's Birth: Birmingham Yorkshire, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert John Rhoades	11. Present Address of Registrant: 1077 North Boulevard Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 24, 1966	12. Signature of Notary: John Turnbaum	13. Notary Commission expires: NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 9-1-66 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Roy C. Barnes, City Clerk Idaho Falls, Idaho	Date Issued: Mar.24,1966	Date Orig. Entry: July 17, 1933
	Date of Birth: Feb.21,1899	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Family Genealogy Sheet	By whom issued and signed: Family genealogy sheet	Date Issued: sealing date Apr.20,1950	Date Orig. Entry: obviously old
	Date of Birth: Feb.21,1899	Birth Place: Ammon, Idaho	Full Name of Mother: Maria Pritchard	Name of Father: John Rhoades
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Sacred Heart Hospital, Idaho Falls, Idaho	Date Issued: Mar.21,1966	Date Orig. Entry: Mar.27,1951
	Date of Birth: Feb.21,1899	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 25, 1966

FORM BH 56067

3-17-66

465-213-001-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-347
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Agnes Monroe			2. Date of Birth (month) Aug. (day) 13 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise Idaho Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John James Monroe			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Sarah Luena Agnes Carter			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth A. Wade		11. Present Address of Registrant: 309 No. 36 St. Seattle Wash
NOTARY (Seal)	Subscribed and sworn to before me on FEB 10 1966 19	12. Signature of Notary: [illegible]		13. Notary Commission expires 9-15 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of registration as a voter #15953	By whom issued and signed: Comptroller's office, Seattle, Washington, Mary MacKay, Deputy	Date Issued: Feb. 8, 1966	Date Orig. Entry: July 11, 1955
Class*	Date of Birth: Age 55	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible records	Date Issued: ----	Date Orig. Entry: obviously old
Class	Date of Birth: Aug. 13, 1899	Birth Place: -----	Full Name of Mother: -----	Name of Father: J. J. Monroe
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (born 3-30-1883)	By whom issued and signed: John J. Monroe, Jr.	Date Issued: Mar. 4, 1966	Date Orig. Entry: -----
Class	Date of Birth: Aug. 13, 1899	Birth Place: Boise, Idaho	Full Name of Mother: Sarah Luena Agnes Carter Monroe	Name of Father: John James Monroe
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 26, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 NM

(W) 2-25-66 gml

Wade

619-122-037-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-652

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROY FARMEY
2. Date of Birth (month) June (day) 22 (year) 1899
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Owyhee b. City or Town of Birth: Silver City Idaho

FATHER

6. Full Name of Father: DAVID FARMEY
7. State or Country of Father's Birth: Utah. - U.S.A

MOTHER

8. Full Maiden Name of Mother: MARIE SINCLAIR
9. State or Country of Mother's Birth: ENGLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roy Farmer
11. Present Address of Registrant: 2951 Sly Park Road Placerville Calif.

NOTARY (Seal)

Subscribed and sworn to before me on May 12 19 66

12. Signature of Notary: V. Petersen
13. Notary Commission expires: My Commission Expires February 15, 1970 19

V. PETERSEN NOTARY PUBLIC - CALIFORNIA COUNTY OF EL DORADO

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
military discharge paper	United States Army, Lowell H. Smith, Captain	Aug.10,1921	enlisted Apr.25,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19 10/12	Silver City, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Department of Commerce Bureau of the Census	Apr.26,1966	June 1,1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 1899	Idaho	Marie Farmer	David Farmer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding employment records	U.S. Post Office, Sacramento, Cal., Oral G. Bouillez, Pers. Officer	July 1,1966	July 7,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 22,1899	Silver City, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 26, 1966

FORM BH 56067 (1) pd rec #12799 (F) 6-6-66 [illegible]

Farmer

231-105 (031-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De66-704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Nicholas Stach			2. Date Of Birth (month) 3 (day) 5 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nezperce Lewis	b. City or Town of Birth
FATHER	6. Full Name of Father: Joseph Stach			7. State or Country of Father's Birth: Poland
MOTHER	8. Full Maiden Name of Mother: Martha Krebsbach			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Stach		11. Present Address of Registrant: NEZPERCE, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1966	12. Signature of Notary: Edna F. Carter		13. Notary Commission expires: 2/25 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St.Joseph, Culdesac, Idaho, Roman Catholic	Date Issued: Jan.3,1962	Date Orig. Entry: baptized Mar.7,1899
	Date of Birth: Mar.5,1899	Birth Place: Nezperce, Idaho	Full Name of Mother: Martha Krebsbach	Name of Father: Joseph Stach
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #249371	Date Issued: -----	Date Orig. Entry: child born Nov.3,1936
	Date of Birth: Age 37	Birth Place: Nezperce, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Statement regarding Hospital Records	By whom issued and signed: Gretta Schmidt, Medical Records St. Mary's Hosp., Cottonwood, Idaho	Date Issued: 7-28-66	Date Orig. Entry: Aug 26,1951 to Sept 5, 1951
	Date of Birth: March 5, 1899	Birth Place: Nezperce, Idaho	Full Name of Mother: Martha Krebsbach	Name of Father: Joseph Stach
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Joyce B. Foltz	August 4, 1966

FORM BH 56067 1 cp.pd. #16222 12-29-61

(5) 7-26-66

Stack

814-211-035-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-954

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS GRACE HADFORD			2. Date of Birth (month) MAY (day) 11 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lookout. IDAHO.	b. City or Town of Birth: LOOKOUT IDAHO
FATHER	6. Full Name of Father: AUGUSTUS HADFORD			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: HANNAH ELVINA HALVERSON			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Grace Bartlett		11. Present Address of Registrant: Box 121 Picture Butte
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1964	12. Signature of Notary: Renee Williams		13. Notary Commission expires: with life ~~19~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Registration of Marriage	By whom issued and signed: Division of Vital Statistics Edmonton, Alberta	Date Issued: April 20, 1964	Date Orig. Entry: Dec. 2, 1920
	Date of Birth: age 21	Birth Place: Lookout, Idaho USA	Full Name of Mother: Elvina Halverson	Name of Father: Gus Hadford
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 85	By whom issued and signed: Betty Hadford	Date Issued: Nov.3,1966	Date Orig. Entry: -----
	Date of Birth: May 11,1899	Birth Place: Lookout,Idaho USA	Full Name of Mother: Hannah Elvina Halverson	Name of Father: Augustus Hadford
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.1,1965	Date Orig. Entry: June 1,1900
	Date of Birth: May 1899	Birth Place: Idaho	Full Name of Mother: Elvina Hadford	Name of Father: Gust Hadford
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 7, 1966

FORM BH 56067

5-12-64 (D)

415-106-036-192

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-502

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Ray Davis			2. Date Of Birth (month) June (day) 6 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Arbon, Idaho
FATHER	6. Full Name of Father: Edward Henry Davis			7. State or Country of Father's Birth: Oneida County, Idaho
MOTHER	8. Full Maiden Name of Mother: Esther Rebecca Arbon			9. State or Country of Mother's Birth: Snowville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Ray Davis		11. Present Address of Registrant: Reno, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: This 2nd May 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 19, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church	Date Issued: May 26,1967	Date Orig. Entry: Nov.2,1907
	Date of Birth: June 6,1899 / Birth Place: Arbon, Idaho Oneida County	Full Name of Mother: Esther Arbon	Name of Father: Edward Davis	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record	By whom issued and signed: Bannock County, Idaho County recorder's office	Date Issued: May 4,1967	Date Orig. Entry: Dec.26,1945
	Date of Birth: June 6,1899 / Birth Place: Arbon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle	By whom issued and signed: Joseph N. Arbon (more than ten years older)	Date Issued: May 11,1967	Date Orig. Entry: -----
	Date of Birth: June 6,1899 / Birth Place: Arbon, Idaho	Full Name of Mother: -----	Name of Father: Edward Henry Davis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 28, 1967

FORM BH 56067

796-108-032-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-152

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM EDWIN GROSSE, Shoshone, Ida, Lincoln			2. Date of Birth (month) Jan (day) 8 (year) 1899
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Shoshome, Idaho, Lincoln Co.	b. City or Town of Birth: Shoshone, Idaho
FATHER	6. Full Name of Father: Frank Edward Grosse			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Carrie Morton			9. State or Country of Mother's Birth: RED Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Edwin Grosse	11. Present Address of Registrant: Shoshone, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1968		12. Signature of Notary: Maf E Wilson	13. Notary Commission expires: 2-19 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit for Marriage	By whom issued and signed: State of Idaho - Bannock	Date Issued: Apr.11,1962	Date Orig. Entry: Married Aug 27,1920
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: New York Life- 8-604-494	Date Issued: -----	Date Orig. Entry: Nov.19,1923
	Date of Birth: Jan.8,1899	Birth Place: Shoshone, Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge-Navy	By whom issued and signed:	Date Issued: Jan.22,1968	Date Orig. Entry: Enlisted May 23, 1917
	Date of Birth: Jan.8,1899	Birth Place: Shoshone	Full Name of [redacted] father: Frank Edward Grosse	Name of [redacted] mother: Carrie Morton
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Feb. 9, 1968

FORM BH 56067

2-2-68

615-229-007-765

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-883

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Elizabeth Fariello			2. Date Of Birth (month) (day) (year): July 29 - 1899
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Blaine	b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: Joseph Fariello			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Geller			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida E. McCarty		11. Present Address of Registrant: 10034 B - DeKoven Dr. S.W. Tacoma, Wash. 98499
NOTARY (Seal)	Subscribed and sworn to before me on: August 16th 1968	12. Signature of Notary: Joyce Unsworth		13. Notary Commission expires: February 20 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage license #43473	By whom issued and signed: Salt Lake County, Utah	Date Issued: Sep.19,1967	Date Orig. Entry: June 26,1923
	Date of Birth: Age: 23	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #1228	By whom issued and signed: State of Utah Division of Vital Statistics	Date Issued: Sept.5,1967	Date Orig. Entry: child born Apr.1,1924
	Date of Birth: Age: 24	Birth Place: Hailey, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jul.15,1968	Date Orig. Entry: June 1,1900
	Date of Birth: July 1899	Birth Place: Idaho	Full Name of Mother: Mary E. Fariello	Name of Father: Joseph Fariello

QUALIFYING INFORMATION: Insurance Policy #R(3) 2779, The Travelers Ins. Co. of Hartford, Connecticut issued Feb. 29, 1932 gives birthdate as July 29, 1899 and birthplace as Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 8, 1968

FORM BH 56067

251-224-033-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-954

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Eveline Knapp			2. Date of Birth (month) December (day) 24 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison	b. City or Town of Birth: Hibbard, Idaho
FATHER	6. Full Name of Father: Justin A. Knapp			7. State or Country of Father's Birth: Farmington, Utah
MOTHER	8. Full Maiden Name of Mother: Annie Eliza Lemon			9. State or Country of Mother's Birth: Smithfield, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Eveline Knapp Hillman		11. Present Address of Registrant: Route 2, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 19 66	12. Signature of Notary: Mary Smith		13. Notary Commission expires: June 25 19 67

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #99432	Date Issued: ----	Date Orig. Entry: child born Feb.18,1922
	Date of Birth: Age: 22	Birth Place: Hibbard, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Plano Ward, James L. Rydalch, Bishop	Date Issued: Jan.30,1966	Date Orig. Entry: baptized Apr.4,1908
	Date of Birth: Dec.24,1899	Birth Place: Hibbard, Idaho Madison County	Full Name of Mother: Annie E. Lemon	Name of Father: Justin A. Knapp
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: H. A. Brown Age:88	Date Issued: Nov.4,1968	Date Orig. Entry: ----
	Date of Birth: Dec.24,1899	Birth Place: Hibbard, Idaho	Full Name of Mother: Annie Eliza Lemon	Name of Father: Justin A. Knapp
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 6, 1968

FORM BH 56067 (H) 1-13-64. one copy pd. rec. #14286. (B) 10-31-68 gml

Rec'd in affidavit by mail 10420, 1 doc.

NOV 6 1968

365-113-026-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 70-026

County lines & names have changed since birth.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Hyrum Lovell			2. Date Of Birth (month) December (day) 13 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shelton Community, Jefferson Co. (now)	b. City or Town of Birth: Mailing Add. Born at home. Rudy, Idaho
FATHER	6. Full Name of Father: John Franklin Lovell			7. State or Country of Father's Birth: Oak City, Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Ann Weaverling			9. State or Country of Mother's Birth: South Cottonwood, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John H. Lovell		11. Present Address of Registrant: 334 E.21st St., Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1970	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #109942	Date Issued: ---	Date Orig. Entry: child born Feb.13,1923
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of ordination as a Teacher		By whom issued and signed: LDS Church, Shelton Ward, John F.Lovell, Ward Clerk	Date Issued: ---	Date Orig. Entry: ordained Dec.21,1914
	Date of Birth: Dec.13,1899	Birth Place: Shelton, Idaho	Full Name of Mother: Eliza A. Weaverling	Name of Father: John F. Lovell	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Idaho Falls Hospital LDS, Lelia Garland, Med.Rec.Lib.	Date Issued: Jan.9,1970	Date Orig. Entry: Nov.24,1960
	Date of Birth: Dec.13,1899	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 12, 1970

FORM BH 56067

766-231-006-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-042

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Edith Powell			2. Date Of Birth (month) (day) (year): August 31, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: George Agustus Powell			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Victoria Wicks			9. State or Country of Mother's Birth: New Jersey
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Powell Bace		11. Present Address of Registrant: PO Box 384 Blackfoot Idaho 83221
NOTARY (Seal)	Subscribed and sworn to before me on: 13th day of January, 19 70.	12. Signature of Notary: Edna L. Capps		13. Notary Commission expires: January 31, 19 70.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug.31,1899 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Anne Victoria Wicks	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Royal Neighbors of America	Date Issued: ---	Date Orig. Entry: Apr.19,1922
	Date of Birth: Aug.31,1899 / Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Anna V. Powell	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #32 42 61-62M	By whom issued and signed: Mutual Benefit Health & Accident Association	Date Issued: ---	Date Orig. Entry: Apr.17,1962
	Date of Birth: Aug.31,1899 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

Statement regarding school census marshal's report for school year 1908 School Dist. #32, Bingham County Recorder's office issued statement on January 13, 1970. Record lists age as 9 years and father's name as G.A. Powell.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Jan. 16, 1970

FORM BH 56067

551-111-003-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dean Elmo Evans			2. Date of Birth (month) August (day) 11 (year) 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Robin Bannock	b. City or Town of Birth: Robin
FATHER	6. Full Name of Father: Albert Evans			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Harriet Lucinda Curtis			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean Elmo Evans		11. Present Address of Registrant: Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on November 24 1969	12. Signature of Notary: Russell J. Hyde		13. Notary Commission expires May 4, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Garden Creek Ward	Date Issued: ----	Date Orig. Entry: baptized Aug.5,1910
	Date of Birth: Aug.11,1899 / Birth Place: Robin, Bannock County, Idaho	Full Name of Mother: Harriett Lucinda Curtis	Name of Father: Albert Evans	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Pacific National Life Assurance Co., Salt Lake City	Date Issued: ---	Date Orig. Entry: Jan.16,1931
	Date of Birth: Aug.11,1899 / Birth Place: Robin, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of voter's registration	By whom issued and signed: Bannock County, Idaho	Date Issued: Nov.24,1969	Date Orig. Entry: May 6,1926
	Date of Birth: Age: 26 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Jan. 27, 1970

FORM BH 56067

(E) 11-7-69 gml

236-209-025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-204

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAUDE CECIL SLOAN			2. Date of Birth (month) April (day) 9, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Near Grangeville
FATHER	6. Full Name of Father: JAMES B. SLOAN			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: GERTIE COOK			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude C. Hazelbaker		11. Present Address of Registrant: Lewiston, Idaho 83501
NOTARY (Seal)	Subscribed and sworn to before me on: March 6th 1970	12. Signature of Notary: Shirley Ann Kuppers		13. Notary Commission expires: September 15, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.8,1970	Date Orig. Entry: June 1,1900
	Date of Birth: April 1899 / Birth Place: Idaho	Full Name of Mother: Gertrude E. Sloan	Name of Father: James B. Sloan	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Joseph's Hospital,Lewiston Idaho, Ruthe Black, MRL	Date Issued: ----	Date Orig. Entry: Dec.10,1958
	Date of Birth: Apr.9,1899 / Birth Place: Grangeville,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy#3079805-PA	By whom issued and signed: Pennsylvania Life Ins. Co.	Date Issued: Feb.27,1962	Date Orig. Entry: Dec.12,1961
	Date of Birth: Apr.9,1899 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 12, 1970

FORM BH 56067

3-2-70

999-108-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-475

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES EDMOND RIRIE			2. Date of Birth (month) Dec. (day) 8, (year) 1899
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Shelton, Bonneville *	b. City or Town of Birth: Shelton
FATHER	6. Full Name of Father: David Ririe			7. State or Country of Father's Birth: West Weber, Utah
MOTHER	8. Full Maiden Name of Mother: Leah Ann Lovell			9. State or Country of Mother's Birth: Oak City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Edmond Ririe		11. Present Address of Registrant: Ririe, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 1970	12. Signature of Notary: James A. Ririe		13. Notary Commission expires 10/24/ 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Ririe 2nd Ward, Jerry D. Reed, Clerk	Date Issued: May 31,1970	Date Orig. Entry: baptized Aug.2,1908
	Date of Birth: Dec.8,1899	Birth Place: Shelton, Idaho Bingham County	Full Name of Mother: Leah Ann Lovell	Name of Father: David Ririe
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: H. T. Moss Age: 89	Date Issued: May 28,1970	Date Orig. Entry: ----
	Date of Birth: Dec.8,1899	Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Leah Ann Lovell Ririe	Name of Father: David Ririe
SUPPORTING RECORD 3.	Type of Document: photocopy of family history printed by the B.Y.U.Press	By whom issued and signed: Life Histories & Genealogy of families of James & Ann Ririe	Date Issued: Dec. 1964	Date Orig. Entry: Dec. 1964
	Date of Birth: Dec.8,1899	Birth Place: Shelton, Idaho	Full Name of Mother: Leah Ann Lovell	Name of Father: David Ririe
QUALIFYING INFORMATION	*Bonneville County was formed from Bingham County in 1911.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson		Date Filed: June 18, 1970

FORM BH 56067

5-26-70

Rec'd

249-26-035-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Frances Burnside			2. Date Of Birth (month) Aug. (day) 16 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho, U.S.A Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Davis Walter Burnside			7. State or Country of Father's Birth: U.S. Oregon, Portland
MOTHER	8. Full Maiden Name of Mother: Margaret Weisgerber			9. State or Country of Mother's Birth: U.S. Idaho, Lewiston
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Frances Burnside		11. Present Address of Registrant: 6511-7 Ave Apt 6 Kenosha, Wis.
NOTARY (Seal)	Subscribed and sworn to before me on: March 8, 1971	12. Signature of Notary: Joyce A Piehl		13. Notary Commission expires: Oct. 17, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug.16,1899 / Birth Place: Lewiston, Idaho	Full Name of Mother: Margaret W. Burnside	Name of Father: Davis Walter Burnside	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #8,336,057	By whom issued and signed: New York Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Dec.5,1922
	Date of Birth: Aug.16,1899 / Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: Davis W. Burnside	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record (NezPerce County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Mar.25,1971	Date Orig. Entry: June 1, 1900
	Date of Birth: Aug. 1899 / Birth Place: Idaho	Full Name of Mother: Margaret Burnside	Name of Father: Davis W. Burnside	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 5, 1971

FORM BH 56067

2-5-71

693-218-036-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-421

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Irene Williams			2. Date Of Birth (month) December (day) 18, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Oneida	b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: John S. Williams			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Anna Eliza Daniels			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude Irene Williams Call 423 Bannock St Malad Idaho		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1971	12. Signature of Notary: Clerk of the district court		13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Malad Ward, F.E.Jones, Clerk	Date Issued: ---	Date Orig. Entry: baptized Sept.6,1908
	Date of Birth: Dec.18,1899	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Anna Eliza Daniels	Name of Father: John S. Williams
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age: 95	By whom issued and signed: George Daniels	Date Issued: May 20,1971	Date Orig. Entry: ---
	Date of Birth: Dec.18,1899	Birth Place: Malad City, Idaho	Full Name of Mother: Anna Eliza Daniels	Name of Father: John S. Williams
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Western Farm Bureau Life Ins. Co. Denver, CO	Date Issued: Dec.11,1959	Date Orig. Entry: Dec.11,1959
	Date of Birth: Dec.18,1899	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: May 24, 1971

FORM BH 56067

386-220-036-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-515

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Vera Owens Thomas		**2. Date Of Birth** (month) 7 (day) 20 (year) 1899	
	3. Color or Race W	**4. Sex** Female	**5. Place of Birth** a. County Oneida	b. City or Town of Birth Malad, Idaho
FATHER	**6. Full Name of Father** John Roberts Thomas		**7. State or Country of Father's Birth** Brigham City, Utah	
MOTHER	**8. Full Maiden Name of Mother** Sarah Owens		**9. State or Country of Mother's Birth** North Ogden, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant** Vera J. Hansen	**11. Present Address of Registrant** 1961 Herbert Ave Salt Lake City, Utah 84108	
NOTARY (Seal)	Subscribed and sworn to before me on June 26, 1971	**12. Signature of Notary** Joan F. Bohner	**13. Notary Commission expires** October 29 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: L.D.S.Church	Date Issued: Jun.22,1971	Date Orig. Entry: Recorded Sept.1,1907
	Date of Birth: July 20,1899 / Birth Place: Malad,Idaho	Full Name of Mother: Sarah Owens	Name of Father: John Roberts Thomas	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 123830	Date Issued: ----	Date Orig. Entry: Child born July 12,1924
	Date of Birth: Age 24 / Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 185 07 11	By whom issued and signed: United Benefit Life Ins.	Date Issued: July 18,1960	Date Orig. Entry: June 11,1960
	Date of Birth: Jul.20,1899 / Birth Place: Malad, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 1, 1971	

FORM BH 56067

997-227.033-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-739

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Beck Rigby		2. Date Of Birth (month) (day) (year): February 27 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Hibbard (Route 1, Rexburg
FATHER	6. Full Name of Father: Joseph Eckersley Rigby		7. State or Country of Father's Birth: Wellsville, Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Beck		9. State or Country of Mother's Birth: clarkston, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Beck Rigby Wilmore	11. Present Address of Registrant: 52 S. 2 E, Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 19 70	12. Signature of Notary: Lay a. Rigby	13. Notary Commission expires: January 26 19 71	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor who has known her all her life	By whom issued and signed: Arthur F. Berry Age:85	Date Issued: Apr.3,1970	Date Orig. Entry: ---
	Date of Birth: Feb.27,1899 / Birth Place: Hibbard Precinct Madison Co,Idaho	Full Name of Mother: Mary Elizabeth Beck	Name of Father: Joseph Eckersley Rigby	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: Glen Maxwell,Ward Clerk,Rexburg 4th Ward,LDS Church	Date Issued: Apr.3,1961	Date Orig. Entry: blessed Apr.2,1899
	Date of Birth: Feb.27,1899 / Birth Place: Hibbard, Idaho Madison County	Full Name of Mother: Mary E. Beck	Name of Father: Joseph E. Rigby	
SUPPORTING RECORD 3.	Type of Document: photocopy of school census records Dist. #27	By whom issued and signed: Fremont County, Idaho	Date Issued: Apr.8,1970	Date Orig. Entry: Sept. 1907
	Date of Birth: Age; 8 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Jos. E. Rigby	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barnum	Evidence reviewed by: Glenda Larson	Date Filed: October 22,1971	

FORM BH 56067

3-13-70

Wilwood

OCT 26 1971

751-211-029-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Anita Pears		2. Date Of Birth (month) 8 (day) 11 (year) 1899	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County	b. City or Town of Birth: Genessee
FATHER	6. Full Name of Father: James Edward Pears		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Zeruah Isabel McRae		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Pears Marsh	11. Present Address of Registrant: 7902-142nd Ave E Puyallup Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: July 7 1972	12. Signature of Notary: G M Clamakon	13. Notary Commission expires: Dec. 26 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Western Montana College of Education, Dillon, MT.	Date Issued: ---	Date Orig. Entry: Sept. 24, 1923
	Date of Birth: Aug. 11, 1899	Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of application for medical surgical policy	By whom issued and signed: International Health Assurance Co., Seattle, WA	Date Issued: ---	Date Orig. Entry: Dec. 24, 1962
	Date of Birth: Aug. 11, 1899	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for membership in National Society	By whom issued and signed: Daughters of the Amer. Rev.	Date Issued: ---	Date Orig. Entry: Apr. 5, 1956
	Date of Birth: Aug. 11, 1899	Birth Place: Genessee, Idaho	Full Name of Mother: Zerush Isabel McRae	Name of Father: James Edward Pears
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 28, 1972

FORM BH 56067

318-208-016-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora ~~Bro~~ Taylor			2. Date Of Birth (month) April (day) 8 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Elba Cassia	b. City or Town of Birth: Elba Idaho
FATHER	6. Full Name of Father: Thomas Taylor			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hubbard			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora J. Brooks		11. Present Address of Registrant: 1450 Bunker Burley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 3-6 1973	12. Signature of Notary: R Dean Jones		13. Notary Commission expires 8-20 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #121941	Date Issued: ----	Date Orig. Entry: child born May 20, 1924
	Date of Birth: Age: 25 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Bishop Francis E. Ham By LDS Church- Burley Stake	Date Issued: ------	Date Orig. Entry: Baptized June 1, 1907
	Date of Birth: April 8, 1899 / Birth Place: Elba, Idaho	Full Name of Mother: Mary Hubbard	Name of Father: Thomas Taylor	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 1351165	By whom issued and signed: Metropolitan Life Insurance J. H. Eelen-President	Date Issued: Oct. 1, 1930	Date Orig. Entry: -------
	Date of Birth: April 8, 1899 / Birth Place: Elba, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: gml Sue Lowe	Date Filed: March 19, 1973

FORM BH 56067

3-28-73

194-230-040-968

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-059

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: *Helen Irene Armstrong		2. Date Of Birth (month) 6 (day) 30 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Mullan Idaho	b. City or Town of Birth: Mullan Idaho
FATHER	6. Full Name of Father: Thomas Armstrong		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Louise Roy		9. State or Country of Mother's Birth: France	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty H Numair	11. Present Address of Registrant: 12233 Ashworth No. #74 Seattle-WA 98133	
NOTARY (Seal)	Subscribed and sworn to before me on January 28 1974	12. Signature of Notary: [illegible]	13. Notary Commission expires: December 19 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Missoula County, Montana	By whom issued and signed: U. S. Department of Commerce Bureau of the census	Date Issued: May 25,1967	Date Orig. Entry: June 1, 1900
	Date of Birth: June 1899 / Birth Place: Idaho	Full Name of Mother: Louise Armstrong	Name of Father: T. F. Armstrong	
SUPPORTING RECORD 2.	Type of Document: copy of Certificate of Baptism from Vol 1 page 89	By whom issued and signed: Rev.Fr.Martin F.Hughes, St. Alphonsus Church,Wallace,ID	Date Issued: Jan.4,1974	Date Orig. Entry: baptized Aug.18,1899
	Date of Birth: June 30,1899 / Birth Place: Mullan, Idaho	Full Name of Mother: Louise Roy	Name of Father: Thomas Armstrong	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #33939130	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Nov.19,1928	Date Orig. Entry: Nov.19,1928
	Date of Birth: Age next b.d. 30 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

*Registrant states that although she was named Helen Irene, she has been called Betty. Records #1 and #2 give Helen Irene Armstrong; record #3 gives Betty H. Field (Numair).

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	FEB 12 1974

FORM BH 56067

1-16-74

268-103-033-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-066

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin William Bohi		2. Date of Birth (month) September (day) 3 (year) 1899	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: Gottlieb Bohi		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Verena Fisher		9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin William Bohi	11. Present Address of Registrant:	
NOTARY (Seal)	Subscribed and sworn to before me on Dec 26, 1973	12. Signature of Notary: [illegible]	13. Notary Commission expires: Clerk of The District Court 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record of membership	By whom issued and signed: LDS Church	Date Issued: ------	Date Orig. Entry: blessed Nov. 5, 1899
	Date of Birth: Sep.3,1899	Birth Place: Salem, Idaho	Full Name of Mother: Verena Fisher	Name of Father: Gottlieb Bohi
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #12097	By whom issued and signed: Idaho State Life Insurance Co.	Date Issued: July 9, 1917	Date Orig. Entry: 2/6/17
	Date of Birth: Sep.3,1899	Birth Place: Madison County Salem, Idaho	Full Name of Mother: ---	Name of Father: Gottlieb Bohi
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Madison County, Idaho	Date Issued: Dec.26,1973	Date Orig. Entry: Sep.7,1914
	Date of Birth: Age: 15	Birth Place: ---	Full Name of Mother: ---	Name of Father: G. Bohi
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: gml Glenda Larson	Date Filed: FEB 15 1974

FORM BH 56067

295-201-040-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-068

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Sophia Sinks			2. Date Of Birth (month) (day) (year): October 1, 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: Lewis Albert Sinks			7. State or Country of Father's Birth: Illinois - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Nellie May Savage			9. State or Country of Mother's Birth: Oregon - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred S. Cafferty		11. Present Address of Registrant: 33-Chattanooga, S.F. Ca.
(Seal)	Subscribed and sworn to before me on: February 1st 1974	12. Signature of Notary: Marie G Rice		13. Notary Commission expires: Nov 18th 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for medical Benefits	By whom issued and signed: Women of Woodcraft, Kellogg, Idaho Circle #525	Date Issued: ---	Date Orig. Entry: Mar.21,1917
	Date of Birth: Oct.1,1899	Birth Place: ---	Full Name of Mother: Nellie May Sinks	Name of Father: Lewis Albert Sinks
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: appears old
	Date of Birth: Oct.1,1899	Birth Place: Wardner, Idaho	Full Name of Mother: Nellie May Savage Sinks	Name of Father: Lewis Albert Sinks
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license	By whom issued and signed: San Francisco City & County, California	Date Issued: May 16,1924	Date Orig. Entry: May 16,1924
	Date of Birth: Age: 24	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: FEB 19 1974

FORM BH 56067 1 copy paid rec. 32032 1 8 74 gml

Cafferty (nee Sinks)

365-115-024-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-342

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Hallie Conklin			2. Date Of Birth (month) (day) (year): Sept. 15 1899
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Idaho Gooding	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Fred V. Conklin			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Minnie Ann Schooler			9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. H. Conklin		11. Present Address of Registrant: Hagerman Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 1974	12. Signature of Notary: Robert H. Lawrson		13. Notary Commission expires: March 25 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #295918	Date Issued: ----	Date Orig. Entry: child born May 5,1940
	Date of Birth: Age: 40	Birth Place: Hagerman, Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: J.W. Condit Age: 90	Date Issued: June 14,1974	Date Orig. Entry: ---
	Date of Birth: Sep.15,1899	Birth Place: Hagerman, Idaho	Full Name of Mother: Minnie Schooler Conklin	Name of Father: Fred V. Conklin
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavits #145	By whom issued and signed: Gem County, Idaho	Date Issued: May 20,1974	Date Orig. Entry: Apr.1,1929
	Date of Birth: Age: 29	Birth Place: ---	Full Name of Mother: ----	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JUN 27 1974

FORM BH 56067

5-15-94

Hazel.

JUN 2 8 1974

445-228-011-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-585

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie Doris Dunn			2. Date of Birth (month) June (day) 28 (year) 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Moravia~~ Boundary	b. City or Town of Birth: Moravia, Idaho
FATHER	6. Full Name of Father: John P. Dunn			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Belle Elizabeth Barr			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Effie Doris Dunn Rau		11. Present Address of Registrant: 1307 4th St, Clarkston, Wn
NOTARY (Seal)	Subscribed and sworn to before me on September 25 19 75	12. Signature of Notary: C. H. McQuary		13. Notary Commission expires 7-19 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: Royal Neighbors of America	Date Issued: Sept. 15, 1924	Date Orig. Entry: 8/26/24
	Date of Birth: June 28, 1899	Birth Place: Moravia	Full Name of Mother: Belle Elezabeth Dunn	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Tri-State Memorial Hosp. Inc. Clarkston, Washington	Date Issued: 9/23/75	Date Orig. Entry: 1/24/61
	Date of Birth: 6/28/99	Birth Place: Moravia	Full Name of Mother: Belle Elizabeth Barr Dunn	Name of Father: John Dunn
SUPPORTING RECORD 3.	Type of Document: Page from Family Bible	By whom issued and signed: C.H. McQuary, Notary	Date Issued: 25 Sep. 75	Date Orig. Entry: Document is Obviously old
	Date of Birth: June 28, 1899	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Margaret Davis	SEP 29 1975

FORM BH 56067

814-212-004-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-153

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Sarah Hauck			2. Date Of Birth (month) December (day) 12, (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Charles P. Hauck			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Deseret Burbank			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona L. Larsen		11. Present Address of Registrant: 224 Almond - Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: March 15 1976	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Mar.3,1945	Date Orig. Entry: Baptized July 1, 1908
	Date of Birth: Dec.12,1899	Birth Place: Montpelier, Idaho	Full Name of Mother: Deseret Burbank	Name of Father: Charles P. Hauck
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Sept.11,1945	Date Orig. Entry: March 6,1945
	Date of Birth: Dec.12,1899	Birth Place: Montpelier, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 67390	Date Issued: ----	Date Orig. Entry: child born Dec.29,1918
	Date of Birth: Age 19	Birth Place: Montpelier,Idaho	Full Name of Mother: -------	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: March 15, 1976

FORM BH 56067

396-212-006-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELIZA ELMINA CROUCH			2. Date Of Birth (month) (day) (year): Sept 12 1899
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Riverside BINGHAM	b. City or Town of Birth:
FATHER	6. Full Name of Father: WILLIAM ARTHUR CROUCH			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZA PETRENE MORTENSEN			9. State or Country of Mother's Birth: DENMARK
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eliza C Jepson		11. Present Address of Registrant: 1155-23rd St Ogden Utah 84401
NOTARY (Seal)	Subscribed and sworn to before me on: Ann A. Draper 19 77	12. Signature of Notary: Ann A. Draper		13. Notary Commission expires: March 1, 1979 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of record of Membership	By whom issued and signed: Custodian of Church Membership records, LDS Church	Date Issued: Feb.18,1958	Date Orig. Entry: baptized Sep.12,1907
	Date of Birth: Sep.12,1899	Birth Place: Riverside, Idaho	Full Name of Mother: Eliza P. Mortensen	Name of Father: William A. Crouch
SUPPORTING RECORD 2.	Type of Document: notarized copy Marriage license	By whom issued and signed: Weber County, Utah	Date Issued: Jan.7,1977	Date Orig. Entry: May24,1932
	Date of Birth: Age: 32	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Statement regarding School records	By whom issued and signed: S.Ivan Quist, Director Dept. Pupil Pers.,Ogden Dist.,Utah	Date Issued: Jan.10,1977	Date Orig. Entry: July15-31,1917
	Date of Birth: Age: 17	Birth Place: ----	Full Name of Mother: ----	Name of Father: W. A. Crouch
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JAN 19 1977

FORM BH 56067

12-16-

266-229-003-123

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-059

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Selma Bower			**2. Date Of Birth** (month) May (day) 29 (year) 1899
	3. Color or Race White	**4. Sex** Female	**5. Place of Birth** a. County Lava Hot Springs Bannock	b. City or Town of Birth Lava Hot Springs, Idaho
FATHER	**6. Full Name of Father** George Davis Bower			**7. State or Country of Father's Birth** Old Brinsely, England
MOTHER	**8. Full Maiden Name of Mother** Caroline Ann Aslett			**9. State or Country of Mother's Birth** Bountiful, Utah Davis County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		**10. Signature of Registrant** Selma Bower Hendricks	**11. Present Address of Registrant** 1825 Enslen Ave. Modesto, Calif. 95350
NOTARY (Seal)	Subscribed and sworn to before me on Feb 1 1978		**12. Signature of Notary** Louise Wilson	**13. Notary Commission expires** Feb 22 1981

OFFICIAL SEAL LOUISE WILSON NOTARY PUBLIC - CALIFORNIA STANISLAUS COUNTY My comm. exp. FEB 22, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document** Certificate of blessing	**By whom issued and signed** LDS Church	**Date Issued** Feb.5,1959	**Date Orig. Entry** Feb.5,1959
	Date of Birth May29,1899	**Birth Place** Lava Hot Springs, ID	**Full Name of Mother** Caroline Aslett	**Name of Father** George Davis Bower
SUPPORTING RECORD 2.	**Type of Document** Own child's birth certificate	**By whom issued and signed** on file Idaho #83133	**Date Issued** Jan.4,1978	**Date Orig. Entry** child born June30,1920
	Date of Birth Age: 21	**Birth Place** Lava Hot Springs, ID	**Full Name of Mother** -----	**Name of Father** -------
SUPPORTING RECORD 3.	**Type of Document** Affidavit by uncle	**By whom issued and signed** I. Aslett, born 8/16/1888	**Date Issued** Jan.3,1977	**Date Orig. Entry** Jan.3,1977
	Date of Birth May29,1899	**Birth Place** Lava Hot Springs, ID	**Full Name of Mother** ---------	**Name of Father** --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar Janet M. Wick	**Evidence reviewed by** Colleen Cunningham	**Date Filed** FEB 10 1978

FORM BH 56067

ICC A 17548

12-21-77

Bower

FEB 10 1978

795-207-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nora Green			2. Date of Birth (month) Dec. (day) 7 (year) 1899
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Menan, (Fremont)	b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Oscar William Green			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Christena Jane Poole			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nora G. Ahstrom		11. Present Address of Registrant: 345 Idaho Ave. Rigby Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 18th 1958	12. Signature of Notary: Floyd M. Peterson		13. Notary Commission expires: Dec 12. 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, born 1889	By whom issued and signed: Floette G. Peterson	Date Issued: Sep.18,1958	Date Orig. Entry: Sep.18,1958
	Date of Birth: Dec.7,1899 / Birth Place: Menan, ID	Full Name of Mother: Christena Jane Poole	Name of Father: Oscar W. Green	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: June7,1908	Date Orig. Entry: baptized ~~June7,1908~~
	Date of Birth: Dec.7,1899 / Birth Place: Menan, Idaho	Full Name of Mother: Christena Poole	Name of Father: Oscar W. Green	
SUPPORTING RECORD 3.	Type of Document: Marriage license	By whom issued and signed: Salt Lake County, Utah	Date Issued: June1,1979	Date Orig. Entry: Feb.18,1919
	Date of Birth: Age: 19 / Birth Place: Menan, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: Colleen Cunningham	Date Filed: JUN 04 1979

FORM BH 56067

547-221-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALTA JANE EMPEY		2. Date Of Birth (month) 10 (day) 21 (year) 1899	
	3. Color or Race: LIGHT	4. Sex: FEMALE	5. Place of Birth a. County: EGIN IDAHO Fremont	b. City or Town of Birth: EGIN
FATHER	6. Full Name of Father: EPHRIM ELIAS EMPEY		7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: JANE POWELL		9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Jane Little	11. Present Address of Registrant: 901 So 11th AVE YAKIMA WA	
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 1980	12. Signature of Notary: Darline Trimble	13. Notary Commission expires: Oct. 15 1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Apr.10,1910	Date Orig. Entry: baptized Apr.9,1910
	Date of Birth: Oct.21,1899 / Birth Place: Egin, ID	Full Name of Mother: Jane Powell	Name of Father: Ephrim Elias Empey	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present	By whom issued and signed: Mary Sophia Peterson Powell, born 1877	Date Issued:	Date Orig. Entry: Jan.4,1956
	Date of Birth: Oct.21,1899 / Birth Place: Egin, Idaho	Full Name of Mother: Jane Powell Empey	Name of Father: Ephraim Elias Empey	
SUPPORTING RECORD 3.	Type of Document: Yakima, WA Hospital record	By whom issued and signed: St. Elizabeth Hospital	Date Issued: Oct.9,1953	Date Orig. Entry: Oct.9,1953
	Date of Birth: Oct.21,1899 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JUN 26 1980

FORM BH 56067

LITTLE

JUN 27 1980

844-119-004-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Clem Humpherys			2. Date Of Birth (month) October (day) 19 (year) 1899
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Thomas Heber Humpherys			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Amelia Bolton			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H Clem Humpherys		11. Present Address of Registrant: 85 W. Center Paris, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 22 19 84	12. Signature of Notary: Julia B. Orr		13. Notary Commission expires: lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: May 28, 1919	Date Orig. Entry: Enlisted Feb. 19, 1918
	Date of Birth: age 18	Birth Place: Paris, Idaho	Full Name of Mother: ------	Name of Father: - -------
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: Apr.19,1908	Date Orig. Entry: Baptized Apr.18,1908
	Date of Birth: Oct.19,1899	Birth Place: Paris, Idaho	Full Name of Mother: Amelia Bolton	Name of Father: Thomas Heber Humpherys
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S.Church	Date Issued: Dec. 1,1913	Date Orig. Entry: ordained Dec. 1,1913
	Date of Birth: Oct.19,1899	Birth Place: Paris, ID	Full Name of Mother: Amelia Bolton	Name of Father: Thomas Heber Humpherys
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Per Driggs, R.N.	Evidence reviewed by: Florence Curtright	Date Filed: March 27, 1984

FORM BH 56067

No Search Made fc 3-13-84

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MAR 27 1984

Humphreys

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615-230-039-762

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-239

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rissie Fannin			2. Date Of Birth (month) 9 (day) 30 (year) 1899
	3. Color or Race: CAUCASIAN	4. Sex: F	5. Place of Birth a. County: Neely, Idaho Power	b. City or Town of Birth: Neely
FATHER	6. Full Name of Father: Moses Fannin			7. State or Country of Father's Birth: Elkfork, Lawrence, Kentucky
MOTHER	8. Full Maiden Name of Mother: Sebra Alifair Rose			9. State or Country of Mother's Birth: Blaine, Lawrence, Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]		11. Present Address of Registrant: 3305 W 5600 So. Roy, Utah
NOTARY (Seal) Karen K. Kennington Notary Public State Of Utah	Subscribed and sworn to before me on November 9 1984	12. Signature of Notary: Karen K. Kennington		13. Notary Commission expires 8406-7 June 5 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho	Date Issued: 11-18-42	Date Orig. Entry: 3-21-19
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Family Records	By whom issued and signed: Family records	Date Issued: Obviously	Date Orig. Entry: old 11-15-05
	Date of Birth: 30 Sep, 1899	Birth Place: Neely ID	Full Name of Mother: Sebra Alifair Rose	Name of Father: Moses Fannin
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: LDS Church	Date Issued: Obviously	Date Orig. Entry: old
	Date of Birth: 30 Sept 1899	Birth Place: Idaho	Full Name of Mother: Sarah A. Rose	Name of Father: Moses Fannin
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible], R.N.	Evidence reviewed by: James J. Stewart	Date Filed: 11-15-84

FORM BH 56067 NM PAID $ - # 15565 11-6-84

Whitby